

NOTES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O. C. C.

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

JUN 6 12 44 AM '69

Indicate Type of Lease	
State ☐	Fee ☒
6. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Name of Lessee (Print)	
U. U. Wallace	
9. Well No.	
1	
10. Field and Pool, or Allotment	
St. John (D. Pool)	
12. County	
Lew	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Robert Lowe

1. Address of Lessee

10000 83rd, Midland, Texas 79701

4. Location of Well

UNIT CENTER A 660 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 6 TOWNSHIP 12-S RANGE 38-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)

3887GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☒

CHANGE PLANS ☐

☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

☐

17. Description of Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work; SEE RULE 1103.)

well to be plugged as per Verbal instructions of Mr J. D. Ramsey.
Plugs to be set as follows: Cast Iron Bridge Plug w/4 sacks
Cement on top of Plug to be set @ 11360'. 25 sacks at approximately
6390' stub of 5 1/2". 25 sacks @ top of Glorietta at 5857'. 25 sacks
in and out of 9 5/8" @ 4450'. 10 sacks w/regulation Marlar at
Surface.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Tom Murray* TITLE *Agent* DATE *6/5/69*
APPROVED BY *John Ramsey* TITLE *Supervisor* DATE _____
TIME OF APPROVAL, IF ANY: _____