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HOBBS OFFICE O. C. C.
 Nov 17 1 21 PM '65
 NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG - 801	

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.)	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL COMPANY	8. Farm or Lease Name State "AH"
3. Address of Operator P. O. Box 1069; Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>north</u> LINE AND <u>1980</u> FEET FROM THE <u>west</u> LINE, SECTION <u>14</u> TOWNSHIP <u>12</u> RANGE <u>34</u> NMPM.	10. Field and Pool, or Wildcat North Ranger Lake
15. Elevation (Show whether DF, RT, GR, etc.) 4152.6 G.L.	12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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

- Spudded 12:25 P.M. 11-13-65.
- Ran 10 jts. 13-3/8" 48# H-40 ST&C casing. Set at 345'.
- Cemented w/400 sks. reg. plus 2% Calcium Chloride plus 4% Gel. Pumped plug down 11:50 P.M. 11-13-65. Cement circulated.
- W.O.C. Tested pipe to 600# pressure. Test O.K.

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

SIGNED [Signature] TITLE Area Superintendent DATE 11-16-65

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: