

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG-3487

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 ☐ GAS WELL ☒ OTHER ☐	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Read & Stevens, Inc.	North Baum Unit
3. Address of Operator	9. Well No.
P.O. Box 1518, Roswell, NM 88201	2
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM	Baum Upper Penn.
THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>13S</u> RANGE <u>32E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4298' GR	Lea

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	
OTHER <u>Request for extension</u>	

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.

On or about March 1, 1983 we expect to have Sierra Drilling Rig #2 on the #2 North Baum Unit.

We request an extension of our Permit To Drill that expired on November 6, 1982.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 7/13/83
UNLESS DRILLING UNDERWAY

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

SIGNED B. Hobbs TITLE Drilling & Production Manager DATE 1-11-83

ORIGINAL SIGNED BY

JERRY SEXTON

APPROVED BY

DISTRICT 1 SUPR

TITLE

DATE JAN 13 1983

CONDITIONS OF APPROVAL, IF ANY