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LAND OFFICE	
OPERATOR	

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.
1W-2A

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	8. Firm or Lease Name
TEXAS PACIFIC OIL COMPANY	State "A" A/c-1
3. Address of Operator	9. Well No.
P.O. Box 1069 - Hobbs, New Mexico	104
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER K 1650 FEET FROM THE South LINE AND 1980 FEET FROM	Jalnat
THE West LINE, SECTION 9 TOWNSHIP 23-S RANGE 36-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Ira

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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Temporarily Abandoned

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.

Held for possible secondary recovery.

CHANGE OF OWNERSHIP TO
TEXAS PACIFIC OIL COMPANY
A DIVISION OF TEXAS PACIFIC OIL & GAS CO., INC.
TO TEXAS PACIFIC OIL & GAS CO., INC.
EFFECTIVE 1-1-1967

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

Original *[Signature]*

SIGNED Sheldon Ward TITLE Area Superintendent DATE 5-10-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: