

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Nov 15 / 29 PM '65

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(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.)</small></p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p>		<p>5. State Oil & Gas Lease No.</p>
<p>2. Name of Operator TEXAS PACIFIC OIL COMPANY</p>		<p>7. Unit Agreement Name</p>
<p>3. Address of Operator P. O. Box 1069; Hobbs, New Mexico</p>		<p>8. Farm or Lease Name State "A" A/c-1</p>
<p>4. Location of Well UNIT LETTER K FEET FROM THE LINE AND FEET FROM THE LINE, SECTION 9 TOWNSHIP 23-S RANGE 36-E NMPM.</p>		<p>9. Well No. 104</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.)</p>		<p>10. Field and Pool, or Wildcat Jalmat</p>
<p>12. County Lea</p>		

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>DRILL OR ALTER CASING <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> TEMPORARILY ABANDONED</p> <p>OTHER <input type="checkbox"/></p>	
---	--

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.

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

SIGNED Original signed by Hollis W. Deats TITLE Area Engineer DATE 11-10-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: