

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-158-3	
7. Unit Agreement Name -	
8. Farm or Lease Name New Mexico "BZ" State	
9. Well No. 2	HCT-10
10. Field and Pool, or Wildcat Justis Tubb Drinkard	
12. County Tob	

**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- \_\_\_\_\_

2. Name of Operator  
MEXACO Inc.

3. Address of Operator  
P. O. Box 728 - Hobbs, New Mexico 88240

4. Location of Well  
UNIT LETTER N 990 FEET FROM THE South LINE AND 1978 FEET FROM  
THE West LINE, SECTION 2 TOWNSHIP 25-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3151' (DF)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASINGS <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Shut In Drinkard Zone</u> <input checked="" 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.

Set CIBP @ 5700' and recompleted in Justis Blinberry.

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

SIGNED [Signature] TITLE Assistant District Superintendent DATE January 13, 1970

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 14 1970

CONDITIONS OF APPROVAL, IF ANY: