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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 ☒ Fee ☐
5. State Oil & Gas Lease No.
K-6320

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 Astro-Tex Oil Corporation of New Mexico	8. Farm or Lease Name Olympic State
3. Address of Operator P. O. Box 112, Cisco, Texas 76437	9. Well No. 1
4. Location of Well UNIT LETTER M 660 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 27 TOWNSHIP 16-N RANGE 33-E N.M.P.M.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4409 GR	12. County Harding

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☒

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.

8-7-75 - Hole filled with 10.4 PPG mud - 1480 PPM chloride content 290 PPM calcium - 202 ft. 8-5/8" casing with 200 sacks Class "C" plus 2% KCL D-33 - 475 ft. 4-1/2" FH drill pipe and 5-1/2 FH drill collars - stem up.
Squeezed 50 sacks Class "C" - 4% KCL to cement "K" type shoe 500 psi - 4" swedge to 8-5/8" 16# casinghead threads cemented.
Marker information welded to head marker. No perforations present.
Oil Conseration Commission representative present at time of plugging.

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

SIGNED _____ TITLE President DATE 8-22-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: