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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

11-15-71  
OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

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- **Dry hole**

2. Name of Operator  
**Puretex Oil Company**

3. Address of Operator  
**916 9th Street, Wichita Falls, Texas 76301**

4. Location of Well  
UNIT LETTER **M** **678** FEET FROM THE **West** LINE AND **996** FEET FROM  
THE **South** LINE, SECTION **17** TOWNSHIP **12N** RANGE **30E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
**4150.61 GR**

7. Unit Agreement Name

8. Farm or Lease Name  
**Frank Chappell, Jr**

9. Well No.  
**2**

10. Field and Pool, or Wildcat  
**Wildcat**

12. County  
**San Miguel**

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER \_\_\_\_\_

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER \_\_\_\_\_

ALTERING CASING

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.

Permission is requested to plug and abandon the above captioned well on or about November 20, 1971. In the opinion of the operator this well is a dry hole. Electric logs of said well will<sup>bc</sup> forwarded to you upon their release.

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

SIGNED \_\_\_\_\_ TITLE **Agent** DATE **11-15-71**

APPROVED BY **J. K. Kopterna** TITLE **Oil & Gas Inspector** DATE **2/8/72**

CONDITIONS OF APPROVAL, IF ANY: **State TV**