

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-005-60634

5. Indicate Type of Lease ☒ STATE ☐ FEDERAL

6. 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. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator HARLOW CORPORATION

3. Address of Operator 119 WEST 15th ARLING, TX 79101

4. Well Location
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West
Section 6 Township 8S Range 29E NMPM CHAVEZ Co.

7. Lease Name or Unit Agreement Name O'APEN Deming

8. Well No. 6-1

9. Pool name or Wildcat BULL-EE

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☒	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONME ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

12. 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.

PERFORM CASING INTEGRITY TEST. WORK TO BE STARTED BEGINNING
WEEK OF MAY 11, 1998

Notify N.M.O.C.C. in sufficient time to witness
Pressure test / OK

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

SIGNATURE Gary Millsbaugh TITLE Agent DATE 4-28-98
TYPE & PRINT NAME GARY MILLSBAUGH TELEPHONE NO. 580 772 1111

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUN
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 5-21-98

CONDITIONS OF APPROVAL, IF ANY: