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LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-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. D-9972
7. Unit Agreement Name
8. Form of Lease Name 11-11-66 State
9. Well No. 1
10. Field and Pool, or Wildcat Bound Tank - San Andres
12. County Chaves

SUNDY 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 O-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-
2. Name of Operator New County Land Company ✓
3. Address of Operator 418 First State Bank Bldg., Midland, Texas
4. Location of Well UNIT LETTER C, 660 FEET FROM THE North LINE AND 1900 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 19S RANGE 29E N.M.P.M.
15. Elevation (Show whether DS, RI, GR, etc.) 3710' GR

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 ABANDONMENT ☐
PULL OR ALTER CASING ☒	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

17. History Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Set 25 sx plug on bottom across perfs.
 2. Shoot & recover 4 1/2" casing.
 3. Set 25 sx plug across stub of 4 1/2" casing.
 4. Set 25 sx plug across Queen zone (Top 1485'±).
 5. Set 25 sx plug at base of surface casing.
 6. Set surface plug & surface marker.
- Fill hole with mud between plugs.

RECEIVED

NOV 15 1966

O. C. C.
ARTESIA, OFFICE

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

SIGNED <u>[Signature]</u>	TITLE <u>Production Supervisor</u>	DATE <u>11-17-66</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>NOV 15 1966</u>

ADDITIONAL OF APPROVAL, IF ANY: