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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
6661

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator M. C. Gandy	8. Farm or Lease Name Max State #1-A Pray
3. Address of Operator P. O. Box 827, Tatum, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER <u>AK</u> , 1980 FEET FROM THE <u>S&amp;W</u> LINE AND <u>1980</u> FEET FROM THE <u>W</u> LINE, SECTION <u>30</u> TOWNSHIP <u>15S</u> RANGE <u>29E</u> NMPM.	10. Field and Pool, or Wildcat <u>Round Tank. San Andres</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3090' TD	12. County Chaves

16.

### 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 ☐

OTHER ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

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.

Load hole with mud  
20 Sack Plug TD  
20 Sack Plug @ Stub of 4 1/2  
20 Sack Plug @ 1500'  
20 Sack Plug @ Base of Surface  
Surface Marker

Approximate starting date: April 6, 1966

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

SIGNED By: Jim Conline, Inc. TITLE Agent DATE 4-5-66

APPROVED BY: W. A. Gressett TITLE OIL AND GAS INSPECTOR DATE APR 7 1966

CONDITIONS OF APPROVAL, IF ANY: