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LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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DEC 14 1978

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B 11538
7. Unit Agreement Name Artesia Unit
8. Farm or Lease Name
9. Well No. 26
10. Field and Pool, or Wildcat Artesia (Q., G., SA)
12. County Eddy

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- WIW ☒ **ARTESIA, OFFICE**

2. Name of Operator
DEPCO, Inc.

3. Address of Operator
800 Central, Odessa, Texas 79761 ✓

4. Location of Well
UNIT LETTER 0, 330 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 17S RANGE 28E NMPM.

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

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Bradenhead Inspection

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.

This well was dug out to the bradenhead and connections with valves from the bradenhead to surface installed.

Inspected and approved by Mr. B. W. Weaver 11-20-78.

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

SIGNED D. R. Mason TITLE Chief Clerk DATE 12-12-78

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE DEC 18 1978

CONDITIONS OF APPROVAL, IF ANY: