

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 268
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

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U.S.O.B.	/
LAND OFFICE	
OPERATOR	/

MAY 14 1979

O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LC 068064	

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 Anadarko Production Company ✓	8. Farm or Lease Name Grier
3. Address of Operator P.O. Box 67, Loco Hills, New Mexico 88255	9. Well No. 11
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 16 S RANGE 31 E NMPM.	10. Field and Pool or Wildcat Square Lake
15. Elevation (Show whether DF, RT, GR, etc.) 3832 GL	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Braidenhead Hookup ☒

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.

Casing set on clamps w/1" grouted in and piped to surface without a valve.

Witnessed by: B. W. - N. M. O. C. D. - 4-25-79

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

SIGNED Jimmy E. Amador

TITLE Area Supervisor

DATE 4-26-79

APPROVED BY B. W. Weaver

TITLE OIL AND GAS INSPECTOR

DATE MAY 29 1979

CONDITIONS OF APPROVAL, IF ANY: