

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87519

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	1
U.S.O.S.	1
LAND OFFICE	
OPERATOR	1

O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease
State <input type="checkbox"/> Fed. <input checked="" 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 - 1" (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. 5
4. Location of Well UNIT LETTER G 1980 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.) 3823	12. County Eddy

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 JOBS ☐
OTHER Braidenhead Hookup ☒

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 1503.

Casing set on clamps w/2" 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 [Signature] TITLE Area Supervisor DATE 4-25-79

APPROVED BY [Signature] TITLE OIL AND GAS INSPECTOR DATE MAY 29 1979

CONDITIONS OF APPROVAL, IF ANY: