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**RECEIVED**  
**JUN 25 1979**  
**O. C. C.**  
**ARTESIA, OFFICE**

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

5a. Indicate Type of Lease State <input type="checkbox"/> FED. Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LC 054908

**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- 2. Name of Operator FRANKLIN ASTON & FAIR, c/o Boyd Operating Company 3. Address of Operator P. O. Box 1756, Roswell, New Mexico 88210 4. Location of Well UNIT LETTER <u>E</u> , <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM <u>West</u> LINE, SECTION <u>17</u> TOWNSHIP <u>17S</u> RANGE <u>31E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name HUDSON 9. Well No. 1 3 10. Field and Pool, or Wildcat Grb Jackson On <sup>GBR</sup> SA 15. Elevation (Show whether DF, RT, GR, etc.) 12. County Eddy
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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 ☐

PLUG AND ABANDON ☐  
 CHANGE PLANS ☐

OTHER CASING LEAK SURVEY ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
 COMMENCE DRILLING OPNS. ☐  
 CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐  
 PLUG AND ABANDONMENT ☐

OTHER ☐

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.

5/10/79 Installed high pressure valves on braden head, brought pipe to surface installed 1 in. high pressure valve.

Inspected by Mr. Brasfield.

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

SIGNED [Signature] TITLE Operator DATE 6/22/79

APPROVED BY B. W. Weaver TITLE OIL AND GAS INSPECTOR DATE JUN 26 1979

CONDITIONS OF APPROVAL, IF ANY: