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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 31 1977

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR AN OIL WELL TO DRILL OR TO RE-ENTER OR TO RE-ENTER A DIFFERENT RESERVOIR.
SEE INSTRUCTIONS FOR RE-ENTRY OF A WELL OR FOR A DIFFERENT RESERVOIR.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Operator C. E. LaRue and B. N. Muncy, Jr. ✓	8. Farm or Lease Name Kindle
3. Address of Operator P. O. Box 196, Artesia, New Mexico 88210	9. Well No. 1 2
4. Location of Well UNIT LETTER <u>A</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>18S</u> RANGE <u>26E</u> N.M.P.M.	10. Field and Pool, or Wildcat Dayton (GR)
15. Elevation (Show whether DF, RT, GR, etc.) 3297 GL	12. County Eddy

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Re-Entry</u> <input checked="" type="checkbox"/>

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.

Started Re-entry December 1, 1976, reached TD and circulated shot hole clean December 7, 1976. Tested cement and casing at 600# with no leakage.

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

SIGNED <u>[Signature]</u>	TITLE <u>Operator</u>	DATE <u>January 25, 1977</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR, DISTRICT 1</u>	DATE <u>JAN 31 1977</u>
CONDITIONS OF APPROVAL, IF ANY:		