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OPERATOR	

RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

JAN 13 1972

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.	

O.C.C.
ADMINISTRATIVE

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator John DiPaolo and Fil Naranjo		8. Farm or Lease Name Platt A
3. Address of Operator Post Office Box 342, Roswell, New Mexico 88201		9. Well No. 3
4. Location of Well UNIT LETTER L , 1,650 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 26 TOWNSHIP 18 S. RANGE 26 E. NMPM.		10. Field and Pool, or Wildcat Dayton Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3332' GR		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 ☐

SUBSEQUENT REPORT OF:

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

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.

December 10, 1971 through December 31, 1971

Pulled rods and tubing; repaired pump; cleaned out well; reran rods and tubing and put back on production.

Flowed 4 BOPD; gas TSTM; 20 BW

Pump

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

SIGNED *John P. DiPaolo* TITLE Operators DATE January 12, 1972
APPROVED BY *W. A. Gressett* TITLE Oil and Gas Inspector DATE JAN 20 1972
CONDITIONS OF APPROVAL, IF ANY:

