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**RECEIVED**  
 NEW MEXICO OIL CONSERVATION COMMISSION  
**OCT 1 1976**  
**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"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

### 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"/> 2. Name of Operator H & S Oil Company ✓ 3. Address of Operator 216 American Home Building - Artesia, New Mexico 88210 4. Location of Well UNIT LETTER <u>B</u> , <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>35</u> TOWNSHIP <u>18S</u> RANGE <u>26E</u> NMPM.	7. Unit Agreement Name <u>Fedell</u> 8. Farm or Lease Name <u>Fedell</u> 9. Well No. <u>2</u> 10. Field and Pool, or Wildcat <u>Dayton Grayburg</u> 12. County <u>Eddy</u>
15. Elevation (Show whether DF, RT, GR, etc.)	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
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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.

**Holding for future re-completion**

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

SIGNED *Flarence Foster* TITLE Bookkeeper DATE 9/20/76

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: