

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	/
FILE	/-
U.S.G.S.	
LAND OFFICE	
OPERATOR	2

RECEIVED

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 29 1967

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
648	
7. Unit Agreement Name	
8. Farm or Lease Name	
State 648 AC 212	
9. Well No.	
117	
10. Field and Pool, or Wildcat	
Artesia (Acc. 812)	
12. County	
Eddy	

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator: **DEPCO, INC.**

3. Address of Operator: **Suite 204, First National Bank, Artesia, New Mexico**

4. Location of Well

UNIT LETTER **M**, **660** FEET FROM THE **West** LINE AND **660** FEET FROM THE **South** LINE, SECTION **25** TOWNSHIP **18S** RANGE **27E** N.M.P.M.

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> TA

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.

It is intended to temporarily abandon this well pending Secondary Recovery.

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

SIGNED Leon Stalard TITLE Engineering Assistant DATE September 29, 1967

PROVED BY W. A. Gressett TITLE _____ DATE _____

CTIONS OF APPROVAL, IF ANY: