

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

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.	647	

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 - <u>Water Injection</u>	7. Unit Agreement Name
2. Name of Operator <u>D F Well Service</u>	8. Farm or Lease Name <u>Tomey Lien</u>
3. Address of Operator <u>P.O. Box 192 Artesia, New Mexico</u>	9. Well No. <u>16</u>
4. Location of Well UNIT LETTER <u>I</u> , <u>2290</u> FEET FROM THE <u>South</u> LINE AND <u>756</u> FEET FROM THE <u>East</u> LINE, SECTION <u>23</u> TOWNSHIP <u>13</u> RANGE <u>23</u> NMPM.	10. Artesia P.O. Box 192 <u>burg San Andres</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <u>Eddy</u>

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 JOBS <input type="checkbox"/>	OTHER <u>TH</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.

Pulled Tubing Shot at Surface - Temporarily abandoned.

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

SIGNED Bookkeeper TITLE Bookkeeper DATE 11-28 1967

APPROVED BY W. A. Gussett TITLE Bookkeeper DATE 11-28 1967

CONDITIONS OF APPROVAL, IF ANY: