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U.S.G.S.	
LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

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

RECEIVED

MAY 17 1976

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	B-5084

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"/>	7. Unit Agreement Name
2. Name of Operator	West Loco Hills Grb #4 Sd
3. Address of Operator	8. Farm or Lease Name
P.O. Box 1305, Artesia, New Mexico 88210	Tract 25
4. Location of Well	9. Well No.
UNIT LETTER K, 2310' FEET FROM THE South LINE AND 2310 FEET FROM	10. Field and Pool, or Wildcat
THE West LINE, SECTION 1 TOWNSHIP 18S RANGE 29E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3538' GLM	Eddy

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 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 checked="" type="checkbox"/> Return to Production	CASING TEST AND CEMENT JOBS <input 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.

This well was returned to production by flowing May 1, 1976. We will monitor the production from this well for flood-front information.

5-4-76 -- Well tested 1 bbl oil and 1 bbl water per day.

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

SIGNED Ernest J. McLaughlin TITLE Office Manager DATE May 14, 1976

APPROVED BY W. A. Gressett TITLE \_\_\_\_\_ DATE MAY 17 1976

CONDITIONS OF APPROVAL, IF ANY: