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NEW MEXICO OIL CONSERVATION COMMISSION

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

RECEIVED

SEP 11 1975

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-5084-128

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT GAS OR OIL WELL. 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 West Loco Hills Grb.#4 |
| 2. Name of Operator NEWMONT OIL COMPANY | 8. Farm or Lease Name Tract 26 |
| 3. Address of Operator P.O. Box 1305, Artesia, New Mexico 88210 | 9. Well No. 1 |
| 4. Location of Well UNIT LETTER N 990 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 18S RANGE 29E NMPM. | 10. Field and Pool, or Wildcat LOCO HILLS (O.G.SA) |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3498' GLM | 12. County 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 type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER Temporary Abandonment <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 1703.

SA-3-72

We request an extension of approval for Temporary Abandonment for one year.
This property is under study for tertiary recovery operations.

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 9-11-75

APPROVED BY W.A. Gressett SUPERVISOR, DISTRICT II DATE OCT 8 1975

CONDITIONS OF APPROVAL, IF ANY: Expires 10-1-76