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LAND OFFICE	
OPERATOR	

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. 00 5359
7. Unit Agreement Name Far West Loco Hills Sand Unit
8. Farm or Lease Name Tract No. 2
9. Well No. 28
10. Field and Pool, or Wildcat Loco Hills
12. County Edly

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well
2. Name of Operator Anadarko Production Company
3. Address of Operator Box 67 Loco Hills, New Mexico 88255
4. Location of Well UNIT LETTER B 330 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 18 S RANGE 29 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3507

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

Spudded on 2-19-69. Drilled to 384', set 8 5/8" 24# casing at 365, cemented with 150 sx. Class C w/ 2% Cacl. Waited on cement 18 hrs., pressure tested casing to 800 psi. - held OK. Drilled ahead.

RECEIVED

APR 17 1969

O. C. C.
ASTORIA, OREGON

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

SIGNED D. R. Layton TITLE District Superintendent DATE 2-25-69

APPROVED BY W. A. Gressett TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: