

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

NEW MEXICO OIL CONSERVATION COMMISSION  
**RECEIVED**

SEP 11 1974

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Jones DG	
9. Well No.	
3	
10. Field and Pool, or Wildcat	
Atoka Grayburg	
12. County	
Eddy	

**SUNDRY NOTICES AND REPORTS ON WELLS** **O. C. C.**  
(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- Dry

2. Name of Operator  
Kewanee Oil Company ✓

3. Address of Operator  
P. O. Box 3786, Odessa, Texas 79760

4. Location of Well  
UNIT LETTER H 1650 FEET FROM THE North LINE AND 890 FEET FROM  
THE East LINE, SECTION 13 TOWNSHIP 18-S RANGE 26-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3288' GR

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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <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.

Pumped 125 sacks Class H cement in 5-1/2" casing. Top of cement @ 42'. Spot cement plug from 0' - 22'.

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

SIGNED E. F. Stuckman TITLE District Manager DATE September 10, 1974

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: