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NEW MEXICO OIL CONSERVATION COMMISSION

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

D. O. O.
ARTESIA, OFFICE

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator David C. Collier		8. Farm or Lease Name Jersey
3. Address of Operator Box 798, Artesia, New Mexico 88210		9. Well No. 1-11
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>2330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>33</u> TOWNSHIP <u>16S</u> RANGE <u>28E</u> N.M.P.M.		10. Field and Pool, or Wildcat <u>Jersey</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3530</u>		12. County <u>S ddg</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

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.

Ran 456' feet of 8 5/8", 32lb., and circulated 240 sacks of cement to surface. Tested casing to 1200 lbs.

Ran 2820" feet of 5 1/2" 14 lb. and cemented w/260 sacks.

Tested casing to 1000 lbs.

W.C.C. time is 18 hrs.

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

SIGNED Robert A. Gleason

TITLE Partner

DATE Jan 21, 1975

APPROVED BY For Record Only

TITLE SUPERVISOR, DISTRICT II

DATE FEB 25 1975

CONDITIONS OF APPROVAL, IF ANY: