

## NEW MEXICO OIL CONSERVATION COMMISSION

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

RECEIVED

MAR 6 - 1979

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
**B 8096**

| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                  |                                                                      | O. C. C.                                                            |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|
| DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG WELLS TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL OR TO REOPEN FOR SUCH PROPOSAL.                                 |                                                                      | ARTESIA, OFFICE                                                     |                                               |
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-                                                                                    | 7. Unit Agreement Name                                               |                                                                     |                                               |
| 2. Name of Operator<br><b>Anadarko Production Company</b>                                                                                                                                            | 8. Farm or Lease Name<br><b>Continental "B" State</b>                |                                                                     |                                               |
| 3. Address of Operator<br><b>P. O. Box 67, Loco Hills, New Mexico 88255</b>                                                                                                                          | 9. Well No.<br><b>1</b>                                              |                                                                     |                                               |
| 4. Location of Well<br>UNIT LETTER <b>P</b> <b>330</b> FEET FROM THE <b>South</b> LINE AND <b>330</b> FEET FROM THE <b>East</b> LINE, SECTION <b>9</b> TOWNSHIP <b>19S</b> RANGE <b>29E</b> N.M.P.M. | 10. Field and Pool, or Widened<br><b>Turkey Track Queen Grayburg</b> |                                                                     |                                               |
| 11. Elevation (Show whether BF, RT, CR, etc.)<br><b>Unknown</b>                                                                                                                                      | 12. County<br><b>Eddy</b>                                            |                                                                     |                                               |
| 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 OPERATIONS <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 <b>Braidenhead Hookup</b> <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 1103.                 |                                                                      |                                                                     |                                               |

2" pipe on clamp - No Braidenhead.

Witnessed by B. W. - N. M. O. C. D. - 2-9-79.

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

SIGNED *James E. Buckles* TITLE Area Supervisor DATE February 22, 1979

APPROVED BY *Mike Williams* TITLE OIL AND GAS INSPECTOR DATE MAR 26 1979

CONDITIONS OF APPROVAL, IF ANY: