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| OPERATOR | 2 | |

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

## NEW MEXICO OIL CONSERVATION COMMISSION

**5a. Indicate Type of Lease**

State [X]   Fee [ ]

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

648

## 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 [ ]   GAS WELL [ ]   OTHER- **Dry**

**7. Unit Agreement Name**

2. Name of Operator

**DEPCO Inc.** ✓

**8. Farm or Lease Name**

**State 648**

3. Address of Operator

**Suite 204, First National Bank, Artesia, New Mexico.**

**9. Well No.**

**221**

4. Location of Well

UNIT LETTER **A** , **660** FEET FROM THE **North** LINE AND **660** FEET FROM

THE **East** LINE, SECTION **13** TOWNSHIP **19s** RANGE **27e** NMPM.

**10. Field and Pool, or Wildcat**

**Wildcat**

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

**3510'Gr.**

**12. County**

**Eddy**

16.

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [X]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]

OTHER _____ [ ]

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK [ ]   ALTERING CASING [X]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [X]

CASING TEST AND CEMENT JOB [ ]

OTHER _____ [X]

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.

7-10-67   Placed a 25 sx. plug from 2736 to 2836, a 25 sx. plug from 1780 to 1880, a 25 sx. plug from 450 to 550, and a 10 sx. plug at the surface with a dry hole marker. Heavy mud was used between the plug.

7-13-67   Filled pits and levelled location.

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

SIGNED *Leon Stoddard*   TITLE **Engineering Assistant**   DATE *7-17-67*

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: