~ 010-20084

Rec'd. 9-26-67 (2) Damma Ray New Jogs

| NO. OF COPIES RECEIVED | | | Form C-103 |
|--|---|---|-----------------------------------|
| DISTRIBUTION | | W E D E FALL P | Supersedes Old C-102 and C-103 |
| SANTA FE | NEW MEXICO O | IL CONSERVATION COMMISSION | Effective 1-1-65 |
| FILE | | 3. 4. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |
| u.s.g.s. | | | 5a. Indicate Type of Lease |
| LAND OFFICE | | en e | State Fee Fee |
| OPERATOR 4 | <u> </u> | sa produce a filtra de proper | 5. State Oil & Gas Lease No. |
| | | | K-4191 |
| (DO NOT USE THIS FORM USE "A | SUNDRY NOTICES AND REPO FOR PROPOSALS TO DRILL OR TO DEEPEN PPLICATION FOR PERMIT -" (FORM C-10 | RTS ON WELLS or plug back to a different reservoir. 1) for such proposals.) | |
| l. OIL WELL WELL | OTHER- | | 7. Unit Agreement Name |
| 2. Name of Operator | | | 8. Farm or Lease Name |
| T.J. Sivley | | | 9. Well No. |
| 3. Address of Operator | | | 9. Well No. |
| P.O. Drawer GG, Artesia, New Mexico 88210 | | | 10. Field and Pool, or Wildcat |
| | | | |
| UNIT LETTER D , 990 FEET FROM THE NORTH LINE AND 990 FEET FROM | | | Undes. N. Hackberry Yat |
| THE West LINE | s, section 16 township | 19S RANGE 31E NMP | |
| mmmm | 15 Elevation (Shor | w whether DF, RT, GR, etc.) | 12, County |
| | 3485 DI | | Eddy |
| 16. | | | <u> </u> |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | |
| <u></u> | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABA | | ALTERING CASING |
| TEMPORARILY ABANDON | - | COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JQB | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS | | |
| OTHER | | OTHER | |
| | | rtinent details, and give pertinent dates, includi | |
| This location | has now been cleaned to | up for final inspection and a | band oment. |
| 18. I hereby certify that the inf | ormation above is true and complete to | o the best of my knowledge and belief. | |
| SIGNED | | or Operator | DATE |
| APPROVED BY W. A. | Liessett. | TILE CIL RED GAS INSPECTOR | DATE |

CONDITIONS OF APPROVAL, IF ANY: