

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-015-22826

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
648

7. Lease Name or Unit Agreement Name

STATE 32 COM

8. Well No.  
# 1

9. Pool name or Wildcat  
WINCHESTER (ATOKA)

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. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
SOUTHLAND ROYALTY COMPANY

FEB 21 1994

3. Address of Operator  
P.O. Box 51810, Midland, TX 79710-1810

4. Well Location  
Unit Letter B : 660' Feet From The NORTH Line and 1980' Feet From The EAST Line

Section 32 Township 19S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3366.9 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: REQUEST EXTENSION OF PERMIT ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. 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.

REQUEST EXTENSION OF PERMIT GRANTED ON 8/12/93 FOR RECOMPLETION FROM THE MORROW TO THE ATOKA.

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 8-21-94  
UNLESS DRILLING UNDERWAY

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

SIGNATURE

TITLE PRODUCTION ASSISTANT

DATE 2/17/94

TYPE OR PRINT NAME DONNA WILLIAMS

TELEPHONE NO. 915-688-6943

(This space for State Use)

SUPERVISOR, DISTRICT II

FEB 21 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: