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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Corinna Grace ✓	8. Farm or Lease Name Gopogo
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER G , 1980 FEET FROM THE East LINE AND 1980 FEET FROM THE North LINE, SECTION 25 TOWNSHIP 22 S RANGE 26 E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 3194 GR	12. County Eddy

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 ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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 98 joints 36# and 47 joints 40# 9 5/8" J-55 casing and cemented at 5250' with 1600 sacks pozmix 4% gel and 400# celoflake. Plug down 4:15 PM 9/14/71. WOC 24 hours, tested casing with 2000# for 30 minutes, test O.K. Top cement 1100 feet by temperature survey.

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

SIGNED Wonna Holles

TITLE Agent

DATE 10/26/71

APPROVED BY W.A. Gressett

OIL AND GAS INSPECTOR

TITLE

DATE NOV 1 1971

CONDITIONS OF APPROVAL, IF ANY: