



OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO
P. O. DRAWER DD - ARTESIA
88210



DIRECTOR
JOE D. RAMEY

LAND COMMISSIONER
PHIL R. LUCERO

STATE GEOLOGIST
EMERY C. ARNOLD

October 27, 1975

Baber Well Servicing Company
P. O. Box 1772
Hobbs, N. M. 88240

Re: Tom Lee
#1-C, 29-22-27
Eddy County, N. M.

Gentlemen:

To date, this office has no record of a bond for Tom Lee; therefore, we cannot approve the change in ownership on the subject well.

We are returning the enclosed Form C-104.

If Mr. Lee wants to take the well over, he must get a bond and then submit the proper forms for said changes.

Further; you must submit Form C-103 reporting the squeeze jobs, perfs, etc.

If you have any questions concerning this matter, please feel free to call upon me.

Sincerely yours,

W. A. Gressett
Supervisor, District II

WAG/ep
Encs.

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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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No.	
10. Field and Pool, or Wildcat	
12. County	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Re-entry Delaware Test
2. Name of Operator BABER LELL SERVICING CO.
3. Address of Operator P. O. BOX 1772, HOBBS, NEW MEXICO 88240
4. Location of Well UNIT, FEET C 1230 FEET FROM THE North LINE AND 1990 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 22-S RANGE 27-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3552 RT

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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.

1. Install BOP
2. Squeeze perforations from 3294 - 3317
3. Perforate from 3278 - 3287
4. Run 9 5/8" packer and treat well perforations
5. Swab test
6. Put well on pump to determine if commercial.

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

SIGNED *Ray Roth* TITLE President DATE 10/8/75

APPROVED BY *W.A. Grissett* TITLE SUPERVISOR, DISTRICT II DATE OCT 21 1975

CONDITIONS OF APPROVAL, IF ANY: