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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

SEP 20 1978

O.C.C.

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-4542
7. Unit Agreement Name
8. Farm or Lease Name Sulphate Uncle
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Eddy

SUNDY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE
(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- 2. Name of Operator Corinne Grace 3. Address of Operator P. O. Box 1418, Carlsbad, New Mexico 88220 4. Location of Well UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM West 23 TOWNSHIP 24S RANGE 27E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3204.6	16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>
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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.

Plan to plug and abandon

Will plug as follows: Cement plug at 1973-2023 50' plug
0-50 50' plug

dry hole marker will be set

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

SIGNED *Keartha Sue Wilshagen* TITLE Agent

DATE 9/18/78

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: