

3-NMCCC, Aztec, N.M.

1-D

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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-7844	

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- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Southwest Production Company		8. Farm or Lease Name Malco State
3. Address of Operator P. O. Box 400, Aztec, N.M.		9. Well No. 1
4. Location of Well UNIT LETTER L , 1850 FEET FROM THE S LINE AND 330 FEET FROM THE W LINE, SECTION 16 TOWNSHIP 29 N RANGE 14 W NMPM.		10. Field and Pool, or Wildcat Cha Cha Gallup
15. Elevation (Show whether DF, RT, GR, etc.) KB 5170'		12. County SJ

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

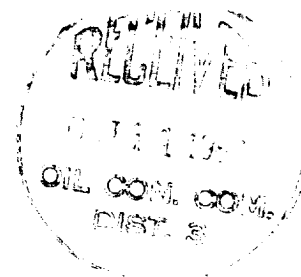
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

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.

Spotted 20 sx plug 4570' - 4670'.
Out 4 1/2" casing off @ 3982'.
Spot 25 sx plug across stub from 4030' - 3930'.
Spot 25 sx plug from 2220' - 2120'.
Spot 30 sx plug 500' - 600'.
Erected P & A marker w/10 sx surface plug - 30'.
Well P & A 6/8/67

Location Levelled & Cleaned



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

SIGNED <u><i>M. P. Crum Jr.</i></u>	TITLE Production manager	DATE 10/9/67
APPROVED BY <u><i>Emory C. Cline</i></u>	TITLE SUPERVISOR DIST. #3	DATE
CONDITIONS OF APPROVAL, IF ANY:		