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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 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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator El Paso Natural Gas Co.	8. Farm or Lease Name Pierce
3. Address of Operator PO Box 990, Farmington, New Mexico	9. Well No. 5
4. Location of Well UNIT LETTER <u>F</u> , <u>1728</u> FEET FROM THE <u>N</u> LINE AND <u>1680</u> FEET FROM THE <u>W</u> LINE, SECTION <u>17</u> TOWNSHIP <u>30N</u> RANGE <u>9W</u> NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 6331' GL	12. County San Juan

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"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>
OTHER	installed tubing

ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<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.

2-10-70 installed 93 jts. tubing and 3 pup jts. 1 1/4", 2.33 lbs., JCW-55, non-upset
IJ 10R (3040.27') set at 3051.27'.



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

SIGNED <u>AB Grant</u>	TITLE <u>Production Engineer</u>	DATE <u>2-10-70</u>
APPROVED BY <u>Emory C. Clump</u>	TITLE <u>SUPERVISOR DIST. #3</u>	DATE <u>FEB 18 1970</u>
CONDITIONS OF APPROVAL, IF ANY:		