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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-		7. Unit Agreement Name
2. Name of Operator Southland Royalty Company		8. Farm or Lease Name Hubbard
3. Address of Operator P.O. Drawer 570, Farmington, New Mexico		9. Well No. #4-A
4. Location of Well UNIT LETTER <u>P</u> <u>950</u> FEET FROM THE <u>South</u> LINE AND <u>940</u> FEET FROM THE <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>32N</u> RANGE <u>12W</u> NMPM.		10. Field and Pool, or Wildcat Blanco Mesa Verde
15. Elevation (Show whether DF, RT, GR, etc.) 6150'		12. County San Juan

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Production Tubing Report</u> <input checked="" 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.

4-25-78 Ran 168 joints of 2-3/8", 4.7#, CSR-55 tubing. Total 5322.98', landed at 5335'. Rigged Down.

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

SIGNED [Signature] TITLE District Production Manager DATE April 26, 1978

Original Signed by [Signature]

SUPERVISOR DIST. #.

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: