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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Edition 1-1955

HOBBS OFFICE O.C.C.

Indicate Type of Case
State 51 AM '67 Fee

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- 2. Name of Operator TEXAS PACIFIC OIL COMPANY | 7. Unit Agreement Name |
| 3. Address of Operator P. O. Box 1069 - Hobbs, New Mexico | 8. Farm or Lease Name Bluitt State Com. |
| 4. Location of Well UNIT LETTER I , 1650 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 7-S RANGE 37-E NMPM. | 9. Well No. 1 |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4059.5' GR | 10. Field and Pool, or Wildcat Undesignated |
| | 12. County Roosevelt |

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <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.

- Spudded well 6-7-67.
- Ran 9 fts. 10-3/4" 32.75# casing. Set @ 343'.
- Cemented w/350 sks. reg. + 2% CA CL₂. Circulated.
- W.O.C. 18 hrs. Test casing to 800#. Tested O.K.

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

Original Signed by
SIGNED Sheldon Ward TITLE Area Superintendent DATE 6-14-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: