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NEW MEXICO OIL CONSERVATION COMMISSION

MAY 10 11 52 AM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-8160

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 Tenneco Oil Company	8. Farm or Lease Name Cactus Sinclair A State
3. Address of Operator P. O. Box 1031, Midland, Texas	9. Well No. 3
4. Location of Well UNIT LETTER M 990 FEET FROM THE S LINE AND 330 FEET FROM THE W LINE, SECTION 16 TOWNSHIP 16S RANGE 32E NMPM.	10. Field and Pool, or Wildcat Mesa Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4359 DF	12. County Lea

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 JOB <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER Open additional pay <input checked="" 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 1f03.

1. Pull rods and pump.
2. Perforate 3403-06 w/4 JPF.
3. Run rods and put on pump.

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

SIGNED J. F. Carnes J. F. Carnes TITLE District Prod. Engineer DATE 5-8-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: