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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. <b>SALT M-13894</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 type="checkbox"/> OTHER- <b>BRINE WELL</b>	7. Unit Agreement Name
2. Name of Operator <b>REPUBLIC FACTORS, INC.</b>	8. Farm or Lease Name <b>SALINE</b>
3. Address of Operator <b>2011 SHELL, MIDLAND, TEXAS</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>M</b> , <b>577.5</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>907.5</b> FEET FROM THE <b>WEST</b> LINE, SECTION <b>36</b> TOWNSHIP <b>128S</b> RANGE <b>37E</b> NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) <b>3650.4 GR.</b>	12. County <b>LEA</b>

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"/>
OTHER <input type="checkbox"/>	OTHER <b>CHANGE OF OPERATOR</b> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <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.

COMPLETED SALT WELL FOR PRODUCTION OF BRINE WATER BY RUNNING IN HOLE 2598.62 FEET OF 4-1/2" DRILL PIPE - WELL NOW PRODUCING BRINE WATER.

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

SIGNED _____	TITLE <b>PRESIDENT</b>	DATE <b>APRIL 2, 1965</b>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		