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LAND OFFICE		
OPERATOR		

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 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.)

6. OIL WELL GAS WELL OTHER- _____
7. Unit Agreement Name _____
8. Farm or Lease Name **Little "V"**
9. Well No. **2**
10. Field and Pool, or Wildcat **Drinkard**
11. Name of Operator **MARTINDALE PETROLEUM CORPORATION**
12. County **Lea**
13. Address of Operator **Box 1955, Hobbs, NM 88240**
14. Location of Well
UNIT LETTER _____ FEET FROM THE **South** LINE AND **480** FEET FROM
THE **West** LINE, SECTION **7** TOWNSHIP **22S** RANGE **37E** N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) **3436.1 GL**

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING OTHER _____ CASING TEST AND CEMENT JOB OTHER _____
OTHER _____

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.

12/13/76 - Ran 169 jts 5 1/2" 17#/ft LT&C K-55 new casing, 6803', set @ 6762'.
Cemented w/ 110 sk Halliburton lite cement containing 8#/sk salt and 450 sk Class "c" cement containing .5% CFR-2, 10#/sk sand and 8#/sk salt. Plug down @ 11:10 pm. Circulated approximately 50 sk cement. WOC.
Pressure tested 5 1/2" casing w/ 1,000 psi for 30 minutes, no decline in pressure.

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

SIGNED J. Johnson TITLE Secretary-Treasurer DATE 1/15/79

APPROVED BY Jerry Sexton TITLE _____ DATE JAN 30 1979

CONDITIONS OF APPROVAL, IF ANY: Dist. L. Supp.