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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  Fee

5. State Oil or Gas Lease No.  
**E-538**

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 <b>Mesa Retailers, Inc.</b>	8. Farm or Lease Name <b>Gulf State</b>
3. Address of Operator <b>510 W. Texas Avenue, Artesia, New Mexico</b>	9. Well No. <b>14</b>
4. Location of Well UNIT LETTER <b>C</b> <b>330'</b> FEET FROM THE <b>North</b> LINE AND <b>1650'</b> FEET FROM THE <b>West</b> LINE, SECTION <b>26</b> TOWNSHIP <b>18S</b> RANGE <b>28E</b> NMPM.	10. Field and Pool, or Wildcat <b>Artesia</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <b>Eddy</b>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

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.

Intend to plug during last half of April, 1966, with 20 sack plug at bottom, 20 sack plug at stub of 4 1/2" casing, in and out of stub, 20 sack plug at shoe of 7" and a 20 sack plug in 7" and a 20 sack plug at surface. Will set regulation marker.

RECEIVED

APR 9 1966

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

SIGNED *Morally Estell* TITLE Bookkeeper DATE 4/12/66

APPROVED BY *W. A. Gassett* TITLE SECRETARY DATE NOV 14 1966

CONDITIONS OF APPROVAL, IF ANY: