

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
RECEIVED BY
FEB 14 1985
O. C. D.

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-3614

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Slayton Oil Corp.	8. Farm or Lease Name Standard State
3. Address of Operator P. O. Box 2035 Roswell, N Mex 88201	9. Well No. #1
4. Location of Well UNIT LETTER A , 660 FEET FROM THE North LINE AND 660 FEET FROM THE east LINE, SECTION 5 TOWNSHIP 8-S RANGE 27E NMPM.	10. Field and Pool, or Wildcat Acme San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4008 GR	12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:
 REMEDIAL WORK ☒ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 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.

1-29-85 Fish in bottom of hole, ran overshot and retrieved same.
 1-30-85 Jet washed open hole.

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

SIGNED Rose Slayton TITLE Agent DATE 02/11/85
 Original Signed By Lelia A. Clements
 SUPERVISOR DISTRICT II
 APPROVED BY _____ TITLE _____ DATE **FEB 19 1985**
 CONDITIONS OF APPROVAL, IF ANY: