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NEW MEXICO OIL CONSERVATION COMMISSION

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

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"/>	RECEIVED BY NOV 01 1983 O. C. D. ARTESIAL OFFICE	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Paul Slayton ✓		5. State Oil & Gas Lease No. State B 8385-2
3. Address of Operator P. O. Box 1936 Roswell, New Mexico 88201		7. Unit Agreement Name
4. Location of Well UNIT LETTER C 330 FEET FROM THE No. LINE AND 1650 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 11 S RANGE 27 E NMPM.		8. Farm or Lease Name Honolulu State
		9. Well No. # 2
		10. Field and Pool, or Wildcat Coyote Queen
		12. County Chaves
15. Elevation (Show whether DF, RT, GR, etc.)		

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Restore Elec. due to ice storm <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input 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 1103.

3-3-82 Repaired down lines and replaced power poles. (Damage done by previous ice storm)

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

SIGNED <u>Quincy Wickham</u>	TITLE <u>Operator</u>	DATE <u>10/31/83</u>
APPROVED BY _____	TITLE <u>Supervisor District II</u>	DATE <u>NOV 02 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		