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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>K-5696</b>	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>	
1. OIL <input type="checkbox"/> WELL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER- <b>Dry Hole</b>	7. Unit Agreement Name
2. Name of Operator <b>H. N. Sweeney</b> ✓	8. Farm or Lease Name <b>State 2</b>
3. Address of Operator <b>P. O. Box 1582 - Roswell, New Mexico 88201</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>0</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1930</b> FEET FROM THE <b>East</b> LINE, SECTION <b>36</b> TOWNSHIP <b>7S</b> RANGE <b>29E</b> NMPM.	10. Field and Pool, or Wildcat <b>Wildcat</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4174 CE</b>	12. County <b>Chaves</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"/> TEMPORARILY ABANDON <input type="checkbox"/> FULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <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.

**Propose to plug and abandon well. Will set 50 sack cement plug from 3250 to 3390 with 5 sacks at surface and will set regulation marker.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <b>H. N. Sweeney</b>	TITLE <b>Operator</b>	DATE <b>9-22-67</b>
APPROVED BY <b>W. A. Gressett</b>	TITLE <b>INSPECTOR</b>	DATE
CONDITIONS OF APPROVAL, IF ANY:		