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NEW MEXICO OIL CONSERVATION COMMISSION

D. C. C.
MEDIA, OFFICEForm C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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SANTA FE	1
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U.S.G.S.	
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
(701-1) L-206

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 Sam G. Dunn O. Operation	8. Farm or Lease Name Huber "A" St.
3. Address of Operator P. O. Box 3095 Lubbock, Texas 79410	9. Well No. 1
4. Location of Well UNIT LETTER <u>P</u> , <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>9</u> TOWNSHIP <u>11-S</u> RANGE <u>27-E</u> NMPM.	10. Field and Pool, or Wildcat Coyote Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3675 gr.	12. County Chaves

16. 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 ☒ Temporary abandon

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.

8-13-69

Pull rods and tubing, remove surface equipments.

Casing left in the hole with cap screwed on the top of casing for protection.

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

SIGNED Wm. T. Thomas TITLE Geologist DATE 8-26-69APPROVED BY W. A. Gressett TITLE WELL CONTROL SUPERVISOR DATE 8-27-69

CONDITIONS OF APPROVAL, IF ANY: