| | | - | and the second sec | | |
|--|--------------------------------|---------------------------------------|--|--|--|
| NO. OF COPIES RECEIVED | · | Form C-103 | | | |
| DISTRIBUTION | | Supersedes Old C-102 and C-103 | | | |
| SANTA FE | NEW MEXICO OIL CONS | Effective 1-1-65 | | | |
| FILE / / | 1 | | | | |
| U.S.G.S. | | : | 5a. Indicate Type of Lease | | |
| LAND OFFICE | | | State Fee 🗶 | | |
| OPERATOR / |] | | 5. State Oil & Gas Lease No. | | |
| (DO NOT USE THIS FORM FOR PE USE "APPLICA | | | | | |
| 1. OIL GAS U WELL WELL | OTHER- Dry Hole | | 7. Unit Agreement Name | | |
| 2. Name of Operator | 8. Farm or Lease Name | | | | |
| H. N. | Browning | | | | |
| 3. Address of Operator | | | 9. Well No. | | |
| P. O. | 1 | | | | |
| 4. Location of Well | 10. Field and Pool, or Wildcat | | | | |
| UNIT LETTER | Wildcat | | | | |
| ••••••••••••••••••••••••••••••••••••••• | | | | | |
| THE WOST LINE, SECT | 10N 27 TOWNSHIP 85 | RANGE29E | _nmpm | | |
| | 12. County | | | | |
| | Chaves ())))))) | | | | |
| ^{16.} Check | Appropriate Box To Indicate N | | or Other Data | | |
| | NTENTION TO: | - | QUENT REPORT OF: | | |
| | | 300320 | BENT REFORT OF. | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING | | |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | | | |
| PULL OR ALTER CASING | CHANGE PLANS | CASING TEST AND CEMENT JOB | | | |
| OTHER | | OTHER | | | |
| | | · · · · · · · · · · · · · · · · · · · | cluding estimated date of statting any proposed | | |

- _

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting work) SEE RULE 1103.

TD 3070'. Drilled porosity with air and hole filled with 2500' of salt water. Top of porosity at 2946'. In accordance with verbal instructions from District Supervisor, plugged hole with 35 sacks of Regular cement on bottom (3070 to 2900). Filled hole with mud and set 25 sack plug of Regular cement from 1300 to 1175. Shot off 7" casing at 920 and pulled. Set 10 sack plug at top of hole with regulation marker.

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J .

MAY 9 1967

C. C. C. Actoria stricts

| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | | |
|--|------------------|-------|-----------------------|-------|-----------------|------|--|--|--|
| SIGNED | N. M. Alicencery | TITLE | Operator | DATE | <u>May 8, 1</u> | 967 | | | |
| APPROVED | av IPT Clame | TITLE | OLL AND GAS INSPECTOR | DATE_ | JAN 3 | 1969 | | | |

CONDITIONS OF APPROVAL, IF ANY: