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OPERATOR

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 ☐Fee ☒

5. State Oil & Gas Lease No.

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dry Hole		7. Unit Agreement Name
2. Name of Operator Kerr-McGee Corporation		8. Farm or Lease Name C'Conner
3. Address of Operator P. O. Box 250, Amarillo, Texas 79105		9. Well No. 1
4. Location of Well UNIT LETTER L , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 9 South RANGE 29 East N.M.P.M.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DI, RT, GR, etc.) 3981.5 GR		12. County Chaves

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

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐REMEDIAL WORK ☐ALTERING CASING ☐TEMPORARILY ABANDON ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☒PULL OR ALTER CASING ☐CHANGE PLANS ☐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.

Plug #1 3115-3220 w/35 sxs cement - 105' plug.
Plug #2 1760-1875 w/35 sxs cement - 115' plug.
Plug #3 1102-1217 w/35 sxs cement - 115' plug.
Plug #4 285-400 w/35 sxs cement - 115' plug.

Cut off Bradenhead, placed 10 sxs plug in top of 8 5/8" surface casing.
Installed well marker 4 1/2" O.D. x 4" high. Welded in top of surface casing. Location and pit leveled and cleaned. Ready for inspection.

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

SIGNED

TITLE

Drilling Foreman

DATE

8-30-71

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: