

STRICT I  
J. Box 1980, Hobbs, NM 88240

STRICT II  
J. Drawer DD, Artesia, NM 88210

STRICT III  
00 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-63067

5. Indicate Type of Lease STATE ☐ FEE X ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Northern Lights

8. Well No. 1

9. Pool name or Wildcat Und Group 3

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.)

Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☒

Name of Operator  
Thornton Operating Corporation

Address of Operator  
P. O. Box 833, Midland, Texas 79702

Well Location

Unit Letter 0 : 449 Feet From The South Line and 2183 Feet From The East

Section 7 Township 8S Range 29E NMPM Chaves Co  
10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4068' GR 4079' RKB

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 checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
DRILL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: _____	

2. 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.

06/05/95 Due to sever sloughing ABO Fm and failed attempt to get down hole w/Schl. logging tool, we intend to abandon plans to open-hole log. Then we intend to set casing and ran cased hole logs.

RECEIVED

AUG 14 1995

OIL CON. DIV.  
DIST. 2

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

SIGNATURE Robert L. Thornton TITLE President  
TYPE OR PRINT NAME Robert L. Thornton

June 15, 1995  
DATE  
(915) 6844275  
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

AUG 23 1995