

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-103
Revised 10-1-78

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

JUN 6 1980

O. C. D.
ARTESIA, OFFICE

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 OCEILN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL OTHER-	7. Unit Agreement Name
2. Name of Operator MADDOX ENERGY CORPORATION	8. Farm or Lease Name Martin Com
3. Address of Operator The Blanks Building, Suite 906, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER L, -660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 29 TOWNSHIP 17-S RANGE 26-E NMPM.	10. Field and Pool, or Wildcat Eagle Creek Strawn
15. Elevation (Show whether DF, RT, GR, etc.) 3416' K.B.	12. County Eddy

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

SEE ATTACHED REPORT

Posted
10 2

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

SIGNED Arturo Hughes TITLE Production Supervisor DATE June 3, 1980

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: