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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-9683

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	Anderson Ranch Unit
3. Address of Operator	8. Farm or Lease Name
P. O. Box 460, Hobbs, N.M. 88240	Anderson Ranch Unit
4. Location of Well	9. Well No.
UNIT LETTER <u>E</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM	20
THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>16S</u> RANGE <u>32E</u> NMPM.	10. Field and Pool, or Wildcat
	Anderson Ranch Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Lea

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Set surface csg

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 1703.

- ① MIRU on 12/17/85, spud well on 12/17/85
- ② Ran 10 jts of 13 3/8" 48# K-55, ST & C set @ 505'
- ③ Lead w/ 250 SXS class "C" w/ 4% gel & tail w/ 160 SXS class "C" w/ 2% CaCl₂
- ④ Circulate 5bbls to surface

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

SIGNED [Signature] TITLE Analyst DATE 12-20-85
Administrative Supervisor

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY [Signature] TITLE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

DEC 26 1985

NIMOCN-Hobbs(3)