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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 ☒ GAS WELL ☐ OTHER ☐	5a. Indicate Type of Lease State ☐ Fee ☒
2. Name of Operator <i>Leanneer oil Company</i>	5. State Oil & Gas Lease No.
3. Address of Operator <i>Box 1031, Midland, Texas 79701</i>	7. Unit Agreement Name
4. Location of Well UNIT LETTER <i>C</i> <i>660</i> FEET FROM THE <i>north</i> LINE AND <i>1980</i> FEET FROM THE <i>west</i> LINE, SECTION <i>28</i> TOWNSHIP <i>4-N</i> RANGE <i>32-E</i> NMPM.	8. Farm or Lease Name <i>Dougherty</i>
	9. Well No. <i>1</i>
	10. Field and Pool, or Wildcat <i>Wildcat</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>4550 GL Est</i>	12. County <i>Curry</i>

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Spudded 11" hole 3:00 PM 11-22-67. Set and Cntd 8 5/8" 24" J-55 Csg. @ 410' with 275 14 class "C" Incon plus 2% CaCl. Cement Circulated. Pressure tested casing to 1000 PSI after WOC 18 hrs. Held OK. Missing temperature 70°. Formation temperature 64°. Estimated compressive strength after WOC 18 hrs is 1740 PSI.

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

SIGNED *W J Mathie* TITLE *District Engr. Engineer* DATE *11-28-67*

APPROVED BY *J. D. [Signature]* TITLE *SUPERVISOR DISTRICT* DATE *DEC 1 1967*

CONDITIONS OF APPROVAL, IF ANY: