| DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  OPERATOR  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  U.S. G.S.  LAND OFFICE  OPERATOR  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  U.S. G.S.  LAND OFFICE  OPERATOR  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  U.S. G.S.  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  U.S. G.S.  T. Unit Agreement Name  OTHER.  7. Unit Agreement Name  8. Farm or Lease Name  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. BOX 1069 - Hobbs, New Mexico   |  | ገ                          |  |  |                     |                     |                       |
|--|--|----------------------------|--|--|---------------------|---------------------|-----------------------|
| LAND OFFICE OPERATOR  SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS SUNDRY NOTICES AND REPORTS ON WELLS TO NOTICE OF THE SETTING THE  | NO. OF COPIES RECEIVED                               | HOBBS OFFICE COLD          |  |  |                     |                     |                       |
| LAND OFFICE OPERATOR  SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS SUNDRY NOTICES AND REPORTS ON WELLS TO NOTICE OF THE SETTING THE  |  | HEW MEVIC                  | CO OIL CON   | EDVATION COMM                              | ICCION              |                     |                       |
| LAND OFFICE OPERATOR  SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS SUNDRY NOTICES AND REPORTS ON WELLS TOO NOT USE THIS SUNDRY NOTICES AND REPORTS ON WELLS TO NOTICE OF THE SETTING THE  |  | - NEW MEXIC                | O OIL CON.   | SERVATION COMMI                            | May 13              | 7 CE ON THE         | ,65<br>1              |
| DERATOR  SUNDRY NOTICES AND REPORTS ON WELLS  OF STATE PROPERS ON STATE ASSESSMENT OF THE FEATURE OF THE FEATUR |  | ╡                          |  |  | IIMI ES             | 5a. Indicate Type   | of Lease              |
| SUNDRY NOTICES AND REPORTS ON WELLS  DO NOT USE THIS PERHAPPED CONTROL SEASON OF A SANDON PROPERTY OF THE SANDON O |  | -                          |  |  |                     |                     |                       |
| 1. Ones of Operator  TEXAS PACIFIC OIL COMPANY  2. Address of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. Box 1069 - Hobbs, New Mexico  4. Location of Will  OUT LETTER C   |  | 1                          |  |  |                     | 5. State Oil & Go   | ıs Lease No.          |
| 1. Ones of Operator  TEXAS PACIFIC OIL COMPANY  2. Address of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. Box 1069 - Hobbs, New Mexico  4. Location of Will  OUT LETTER C   | <u> </u>   | _1                         |  | •  |                     |                     |                       |
| 1. Ones of Operator  TEXAS PACIFIC OIL COMPANY  2. Address of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. Box 1069 - Hobbs, New Mexico  4. Location of Will  OUT LETTER C   | SUND<br>(DO NOT USE THIS FORM FOR PE<br>USE "APPLICA | RY NOTICES AND RE          | PORTS ON   | WELLS BACK TO A DIFFERENT R CH PROPOSALS.) | ESERVOIR.           |                     |                       |
| TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P. O. BOX 1069 - Hobbs, New Mexico  1. Location of Weil  Unit' Letter C  Check Appropriate BOX To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  TEMPORARILY ARRANDO  TOURS  17. Describe Texas Competed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 103.  18. 1 bereby certify that the information above is true and complete to the best of my knowledge and belief.  Original signed by Sheldon Ward  THE Shereby certify that the information above is true and complete to the best of my knowledge and belief.  Original signed by Sheldon Ward  THE Shereby certify that the information above is true and complete to the best of my knowledge and belief.  Original signed by Sheldon Ward  THE Area Superintendent  SATE Shereby certify that the information above is true and complete to the best of my knowledge and belief.  Area Superintendent  SATE SALES NOTES  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all Clear Superintendent  S. Fame of Locate MC Act all  | 1.   |                            | <del>" - " - " - " - " - " - " - " - " - " -</del> |  |                     | 7. Unit Agreemer    | nt Name               |
| 2. Address of Operator PAO. Box 1069 - Hobbs, New Mexico 4. Location of Wall User Letter C Line, section 2 rowsesser 12-5 nange 33-E names Line, section 2 rowsesser 12-5 nang | 2. Name of Operator                                  |                            |  |  |                     | 8. Farm or Lease    | Name                  |
| 2. Address of Operator PAO. Box 1069 - Hobbs, New Mexico 4. Location of Wall User Letter C Line, section 2 rowsesser 12-5 nange 33-E names Line, section 2 rowsesser 12-5 nang | TEXAS PACIFIC OIL COM                                | PANY                       |  |  |                     | State MON           | 1/2 3                 |
| 4. Location of Well  UNIT LETTER C   | 3. Address of Operator                               | 4 1911 1                   |  |  | · · ·               | 9. Well No.         | A/C=1                 |
| 4. Location of Well  UNIT LETTER C   | P.O. Box 1069 - Hobbs                                | New Mexico                 |  |  |                     | -                   |                       |
| Is. Elevation (Show whether DF, RT, GR, etc.)  12. County  12. County  12. County  13. Elevation (Show whether DF, RT, GR, etc.)  14237 gt.  15. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  16. Subsequent Report of:  17. Decretch Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1702.  17. Decretch Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1702.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.   | 4. Location of Well                                  | 3 MON ITEMEZOO             |  |  |                     | 10. Field and Po    | ol, or Wildcat        |
| Is. Elevation (Show whether DF, RT, GR, etc.)  12. County  12. County  12. County  13. Elevation (Show whether DF, RT, GR, etc.)  14237 gt.  15. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  16. Subsequent Report of:  17. Decretch Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1702.  17. Decretch Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1702.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.   | C C  | 1 660                      | Nort   | h  | 1080                | Do of law Day       | <b>nn</b>             |
| 15. Elevation (Show whether DF, RT, GR, etc.)  12. County  14. 237' GI.  15. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  CASHA CLERING OPNS.  ALTERING CASHA  PLUS AND ABANDONMENT  CASHA TEMPOHARILY ABANDONED  OTHER  TEMPOHARILY ABANDONED  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.  HELD FOR POSSIBLE REMEDIAL WORK.   | UNIT LETTER,   | PEET FROM THE              |  | LINE AND                                   | A ZOO FEET FROM     | 1119111             |                       |
| 15. Elevation (Show whether DF, RT, GR, etc.)  12. County  12. Cou | THE West TINE SECT                                   |                            | suis 12 <b>-</b> S                                 | PANCE 3                                    | 3-E                 |                     |                       |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK TEMPORABILY ABANDON PULL OR ALTER CASING 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 ROLE 1703.  HELD FOR POSSIBLE REMEDIAL WORK.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Shelden Ward TITLE Area Superintendent  DATE 5-10-66  |  | TONTOWNS                   | SHIF   | RANGE                                      | NMPM                |                     |                       |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  TEMPORALILY ABANDON  OTHER  OTHER  OTHER  OTHER  TEMPORALILY ABANDON  OTHER  OTHER  TEMPORALILY ABANDON  OTHER  TEMPORALILY ABANDON  OTHER  TEMPORALILY ABANDON  OTHER  TEMPORALILY ABANDON  TEMPORALILY ABANDONED  TEMPORALIL |  |                            | •  | DF, RT, GR, etc.)                          |                     | 12. County          |                       |
| NOTICE OF INTENTION TO:    PERFORM REMEDIAL WORK   | 16. Check  |                            |  | Nature of Notice                           | Poport or Or        | hor Data            |                       |
| PEUG AND ABANDON   PLUG AND ABANDON   PLUG AND ABANDON   PLUG AND ABANDON   PLUG AND ABANDONMENT   COMMENCE ORILLING OPES.   CASING TEST AND CEMENT JOB OTHER   TEMPORARILY ABANDONED   TEMPORARILY AB |  |                            | indicate i   | valure of Notice                           | -                   |                     |                       |
| TEMPORARILY ABANDON PULL OR ALTER CASING  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 ROLE 1103.  HELD FOR POSSIBLE REMEDIAL WORK.  18.1 hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Sheldon Ward  TITLE Area Superintendent  DATE 5-10-66   |  |                            |  |  | 000000000           | . KEI OKI OI.       |                       |
| TEMPORARILY ABANDON PULL OR ALTER CASING  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 ROLE 1103.  HELD FOR POSSIBLE REMEDIAL WORK.  18.1 hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Sheldon Ward  TITLE Area Superintendent  DATE 5-10-66   | PERFORM REMEDIAL WORK                                | PLUG AND                   | ABANDON T  | REMEDIAL WORK                              |                     | ALTER               | ING CASING            |
| OTHER OTHER CASING TEST AND CEMENT JOB OTHER TEMPORARILY ABANDONED  OTHER TEMPORARILY ABANDONED  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 103.  HELD FOR POSSIBLE REMEDIAL WORK.   | TEMPORARILY ABANDON                                  |                            | L1   | 1  | OPNS.               |                     |                       |
| 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.  HELD FOR POSSIBLE REMEDIAL WORK.  18.1 hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Shelden Ward  TITLE Area Superintendent  DATE 5-10-66  | PULL OR ALTER CASING                                 | CHANGE P                   | LANS   | 1  | <del>  -  </del>    |                     |                       |
| 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.  HELD FOR POSSIBLE REMEDIAL WORK.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Shelden Ward  TITLE Area Superintendent  DATE 5-10-66   |  |                            |  | OTHER                                      | TEMPORARI           | LY ABANDONE         | <b>T</b>              |
| HELD FOR POSSIBLE REMEDIAL WORK.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Shelden Ward  TITLE Area Superintendent  DATE 5-10-66   | OTHER  |                            |  |  |                     |                     |                       |
| HELD FOR POSSIBLE REMEDIAL WORK.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Shelden Ward  TITLE Area Superintendent  DATE 5-10-66   | J. D. Sanda Garalanda                                | (C11                       | 17   |  | . 7 . 1             | 7.7.                |                       |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Shelden Ward  TITLE Area Superintendent  DATE 5-10-66   | work) SEE RULE 103.                                  | perduous (Crearry state at | и ренинени ше                                      | iaits, and give pertine                    | ni aaies, inciuainį | g estimatea aate oj | starting any proposea |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Shelden Ward  TITLE Area Superintendent  DATE 5-10-66   | HELD FOR POSSIBLE REM                                | EDIAL WORK.                |  |  |                     |                     |                       |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED Original signed by: Shelden Ward  TITLE Area Superintendent  DATE 5-10-66   |  |                            |  |  |                     | ·                   |                       |
| Original signed by: Sheldon Ward TITLE Area Superintendent DATE 5-10-66  |  |                            |  |  | · · · · ***w        |                     |                       |
| APPROVED BY  | Original signed by                                   | •                          |  | -  |                     | DATE                | -10-66                |
| APPROVED BY  |  |                            |  |  |                     |                     |                       |
|  | APPROVED BY  |                            | T1T1 F   |  |                     | DATE                |                       |

CONDITIONS OF APPROVAL, IF ANY: