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LAND OFFICE	
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HUBBS OFFICE D.C.
NEW MEXICO OIL CONSERVATION COMMISSION
MAY 23 11 51 AM '68

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-8904
7. Unit Agreement Name
8. Farm or Lease Name Markham State
9. Well No. 2
10. Field and Pool, or Wildcat Gladiola (Driv.)
12. County Lea

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 checked="" type="checkbox"/> Shut IN Disposal Well
2. Name of Operator Ralph Lowe
3. Address of Operator PO Box 832, Midland, Texas 79701
4. Location of Well UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 11-S RANGE 38-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3894 DF

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 ☐

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.

Well to be plugged as per verbal instructions of Mr. J.D. Rarrey on 5/20/68. Plugs to be set as follows, Cast Iron bridge plug to be set @ 5000' with 5 sacks Cement on top of Plug. 50 Sack at app. 4500' stub of 5 1/2" Casing 10 Sacks @ Surface w/ regulation Marker.

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

SIGNED John W. Rarrey TITLE Agent DATE 5/22/68

APPROVED BY John W. Rarrey
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____