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LAND OFFICE	
OPERATOR	

HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
APR 7 1 37 PM '66

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Samantha Anderson	
9. Well No. 1	
10. Field and Pool, or Wildcat Jenkins Cisco	
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-	7. Unit Agreement Name
2. Name of Operator Delaware Apache Corporation	8. Farm or Lease Name Samantha Anderson
3. Address of Operator 1720 Wilco Building, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER D , 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 9-South RANGE 35-East NMPM.	10. Field and Pool, or Wildcat Jenkins Cisco
15. Elevation (Show whether DF, RT, GR, etc.) 4,180.4' GR	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☒

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
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.

Plan to deepen to the Devonian at 12,800 feet from original proposed depth of 9,800'.

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

SIGNED **S. Arvy Shauer** TITLE **Area Engr.** DATE **April 6, 1966**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: