| NO. OF COPIES RECEIVED | | Form C-103 |
|---|---|---|
| DISTRIBUTION | | Supersedes Old |
| SANTA FE | NEW MEXICO OIL CONSERVATION COMMISSION | C-102 and C-103 |
| FILE | THE WEXTOO OF CONSERVATION COMMISSION | Effective 1-1-65 |
| U.S.G.S. | | 5a. Indicate Type of Lease |
| LAND OFFICE | L_{i}^{2} | Su. indicate Type of Lease |
| OPERATOR | 1.3y 1 y 35 1.1 | State Fee. |
| OPERATOR | | 8. State Oil & Gas Lease No. K 2311 |
| | | K SOLL |
| 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.) | | |
| USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) | | |
| 1. | | 7. Unit Agreement Name |
| WELL WELL | OTHER- | 1 |
| 2. Name of Operator Sam Boren | | 8. Farm or Lease Name |
| | | Champlin-State |
| 3. Address of Operator BOX 953, Midland, Tex | | 9. Well No. |
| Long 100g 10010010 1000 | d5 | 1 |
| 4. Location of Well | 000 | 10. Field and Pool, or Wildcat |
| UNIT LETTER | 660 East 660 Line and FEET FROM | North Bagley (Lower Per |
| | | |
| South | 8 IIS 33% NMPI | |
| THELINE, SECTION | ON TOWNSHIP RANGE NMPI | ~ <i>Allililililili</i> |
| mmmmmmm | 15. Elevation (Show whether DF, RT, GR, etc.) | |
| | 4292 GR | 12. County Lea |
| | | |
| Check | Appropriate Box To Indicate Nature of Notice, Report or O | ther Data |
| NOTICE OF IN | TENTION TO: SUBSEQUEN | IT REPORT OF: |
| | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND CEMENT JOB | PEGG AND ABANDONMENT |
| Tested 10163 - | | [] |
| OTHER | 303.000 3.003.00 | |
| | | |
| 17. Describe Proposed or Completed Op work) SEE RULE 1603. | erations (Clearly state all pertinent details, and give pertinent dates, includin | g estimated date of starting any proposed |
| | _ | |
| bwanned 8 Bbl. per hou | m. 100% water. Tosted 10/19/67. Plugged off | · 6 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ** | |
| | | |
| | | |
| | | |
| 18. I hereby certify that the information | aboye is true and complete to the best of my knowledge and belief. | |
| | | |
| | 1 A - Agrant | J 173/ 67 |
| SIGNED WELL | fluf TITLE | DATE |
| | | |
| \ / : ~ t | 1 4). | |
| APPROVED BY | TITLE | DATE 4 1 1887 |
| CONDITIONS OF APPROVAL, IF ANY: | | |
| / | <i>u</i> | |