

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 18 11 40 AM '67

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. K 5558	
7. Unit Agreement Name	
8. Farm or Lease Name State D	
9. Well No. 2	
10. Field and Pool, or Wildcat Undesignated	
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 ☐ GAS WELL ☐ OTHER

2. Name of Operator  
Ralph Lowe

3. Address of Operator  
PO Box 832, Midland, Texas 79701

4. Location of Well  
UNIT LETTER E 2130 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 16 TOWNSHIP 9-S RANGE 34-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
4273 GR Est.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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 Spadded on August 14, 1967, and Ran 11 Joints of 13 3/8" 48# H-40 Casing Set at 352'. Cemented with 375 sacks reg. Neat, Cement Circulated. after 24 hours Pipe tested with 1500# pressure. Pipe tested O.K.

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

SIGNED E. J. Johnson TITLE agent DATE 8/17/1967

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: