

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

NEW MEXICO OIL CONSERVATION COMMISSION

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

667 11 11 1967

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>K-5134</b>

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 type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>H. C. HOOD</b>	8. Farm or Lease Name <b>WARREN STATE 23</b>
3. Address of Operator <b>c/o Geo. Kingrea, Box 291, Midland, Texas 79701</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>K</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1830</b> FEET FROM THE <b>West</b> LINE, SECTION <b>23</b> TOWNSHIP <b>10-S</b> RANGE <b>33-E</b> NMPM.	10. Field and Pool, or Wildcat <b>UNDESIGNATED</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <b>LEA</b>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

**TD 9831' Line**

**9/30/67 - Ran 239 Jts. of 5 1/2" 17# casing set at 9831', Cemented W/300 sx 50-50 Incor  
Posmix W/2% Gel, plus 11#'s Salt per sx.  
WOC 48 hours. Tested W/2200#'s. Held OK.  
Approx. Top Cement 8025'.**

**Prep to Complete.**

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

SIGNED Mary E. Smyre TITLE Agent DATE October 9, 1967

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

CONDITIONS OF APPROVAL, IF ANY: