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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 6 11 45 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-5134
7. Unit Agreement Name
8. Farm or Lease Name WARREN STATE 23
9. Well No. 2
10. Field and Pool, or Wildcat INBE-PENN
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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
1. Name of Operator H. C. HOOD
3. Address of Operator c/o Geo. Kingree, Box 291, Midland, Texas 79701
4. Location of Well UNIT LETTER K , 1980 FEET FROM THE South LINE AND 1830 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 10-S RANGE 33-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

16.

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.

Ran 91 Jts. of 8 5/8" casing (being 20 Jts. of 32# & 71 Jts. of 24#) set at 3981'
Cem/W/200 sx encore 6 1/2 gal plus 150 sx encore neat. WOC 24 hours. Tested W/1000#'s
30 mins. Held OK. Top Cement 2500' + or - .

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

SIGNED [Signature] TITLE Agent DATE September 5, 1967
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: