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NEW MEXICO OIL CONSERVATION COMMISSION

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

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"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Southland Royalty Company		5. State Oil & Gas Lease No. K-5351
3. Address of Operator 1405 Wilco Bldg., Midland, Texas 79701		7. Unit Agreement Name -
4. Location of Well UNIT LETTER L , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 9-S RANGE 34-E NMPM.		8. Farm or Lease Name Vada-State
15. Elevation (Show whether DF, RT, GR, etc.) 4257.9' GR		9. Well No. 2
		10. Field and Pool, or Wildcat Undesig. (Vada, Penn. Ext.)
		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
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.

Drill 11" hole to 4027'. Ran 93 jts 8 5/8" 24#, 28#, and 32# ST&C casing set @ 4027'. Cemented w/500 sx reg. cement w/6% gel plus 150 sx Incor w/2% CaCl. Plug down @ 3:45 a.m., 3-27-68. Top cement by temperature survey @ 2380 ft. WOC 24 hrs. Test BOP and casing @ 1500 psi for 30 min. - hold O.K. Drill ahead 7 7/8" hole.

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

SIGNED AT Cam TITLE District Engineer DATE 3-28-68

APPROVED BY Joe [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: