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HOBBBS OFFICE 0-0-0
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 20 3 36 PM '68

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. 00-1318	
7. Unit Agreement Name	
8. Farm or Lease Name Cabot State	
9. Well No. 2	
10. Field and Pool, or Wildcat Undes. North Bagley	
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Meadco Properties Ltd.
3. Address of Operator c/o Oil Reports and Gas Services, Box 763, Hobbs, New Mexico
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 510 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 11 S RANGE 33 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4242.7 GR

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

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Cemented 4 1/2" 11.6# N-80 & J-55 casing at 10,275 with 600 sacks Incer Pozmix, 2% gel, 0.75% CFR-2, 11# salt per sack. Plug down 7:30 PM 5/7/68. WOC 48 hours and tested casing with 2000# for 30 minutes, test O.K.

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

SIGNED *Rogers Koller* TITLE Agent DATE 5/20/68

APPROVED BY *Joe [Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: