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HOBBS OFFICE O. G. C.
NEW MEXICO OIL CONSERVATION COMMISSION
MAY 21 11 35 AM '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.
K-1112

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 Charles B. Read	8. Farm or Lease Name Continental State
3. Address of Operator P. O. Box 2126, Roswell, New Mexico 88201	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> , <u>1976.6</u> FEET FROM THE <u>North</u> LINE AND <u>1970.1</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>10S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4197.7' GL	12. County Lea

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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" 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.

Commenced drilling operations 1:00 PM, 5/9/68. Ran 10 jts. 12-3/4", 48# casing, 363' set @ 363' RKB measurement. Cemented w/350 sx Incore w/8# salt/sack. Cement circulated. Plug down @ 11:00 PM, 5/11/68. Pressure tested to 1800# PSI for 30 mins. Pressure held. WOC 18 hrs.

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

SIGNED <u>Charles B. Read</u>	TITLE <u>Operator</u>	DATE <u>5/20/68</u>
APPROVED BY <u>John W. Runyan</u>	TITLE _____	DATE _____
CONDITION OF APPROVAL, IF ANY:		