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HOBBS OFFICE D. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
Jul 2 11 37 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-1348	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No. 1	
10. Field and Pool, or Wildcat Undesignated	
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- 2. Name of Operator Cabot Corporation 3. Address of Operator P. O. Box 4395, Midland, Texas 4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 10-S RANGE 34-E NMPM.	15. Elevation (Show whether DF, RT, GR, etc.) 4233' Gr.
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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 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.

- Spudded well at 6:30 P. M. 6-29-68.
- Drilled 17-1/2" hole to 438'. Ran 13-3/8" casing to 436', cemented with 400 sacks cement with 2% Cacl. Plug down 7:45 A. M. 6-30-68.
- WOC 24 hours. Pressure tested casing with 600 PSI for 30 minutes, no pressure loss.

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

SIGNED Perry C. Quinn TITLE Dist. Prod. Sup't. DATE 7-1-68
APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY