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NEW MEXICO OIL CONSERVATION COMMISSION

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

JUL 19 11 40 AM '68

Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-2217	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator MONSANTO COMPANY		8. Farm or Lease Name STATE "K"
3. Address of Operator 101 North Marienfeld, Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM East LINE, SECTION 5 TOWNSHIP 10-S RANGE 34-E NMPM.		10. Field and Pool, or Wildcat Undesignated Penn.
15. Elevation (Show whether DF, RT, GR, etc.) furnish later		12. County Lee

16.

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 JOBS ☒
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.

7/1/68: Spudded 15" hole at 2:30 p.m., set 9 jts 11-3/4" 42# ST&C casing at 350' and cemented to surface w/350 sx. P.D. 8 p.m., WOC 24 hrs, tested w/1000# for 30 minutes, held okay.

7/6/68: Set 127 jts of 8-5/8" 24632# ST&C J-55 casing at 3990' and cmt'd w/250 sx incor. P.D. 6 p.m., WOC 24 hrs, tested w/1000# for 30 minutes, held okay.

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

SIGNED W. W. Wood TITLE Dist. Prod. Supt. DATE July 18, 1968

APPROVED BY John W. Runyan TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: