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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.

K-2130

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	8. Farm or Lease Name
3. Address of Operator	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER "E", 1980 FEET FROM THE North LINE AND 710 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 10-S RANGE 33-E NMPM.	12. County
15. Elevation. (Show whether DE, RT, GR, etc.)	

4213.5' GR

Lea

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 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 type="checkbox"/>	

Temporary 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.

2/21/69 TD 9810' Temporarily abandoned; cmt plugs spotted as follows:

Plug #1: 9810-9696' w/50 SX
Plug #2: 7630-7542' w/25 SX
Plug #3: 5345-5257' w/25 SX
Plug #4: 3950-3862' w/25 SX

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

SIGNED [Signature] TITLE Production Supv. DATE 2/24/69
APPROVED BY [Signature] TITLE DISTRICT DATE _____
CONDITIONS OF APPROVAL, IF ANY: