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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
APR 17 12 50 PM '69

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. 4-117

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 None
2. Name of Operator Roger C. Hanks	8. Farm or Lease Name Fina State
3. Address of Operator 606 111 Tower West, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER I 1250 FEET FROM THE South LINE AND 602/16 FEET FROM THE East LINE, SECTION 10 TOWNSHIP 12S RANGE 32E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4324' GL	12. County Lea

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 JOB ☐
OTHER ☐ Testing

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.

Page 2 - Fina State #1 -

3-21-69 Shut-in tbg pressure 70, fluid standing at 4000'. First pull of swab, all oil, very little frog, swabbed until 3:00 P. M., unseated packer, latched on to retrievable Bridge plug, released same, hung tbg 27' off bottom, took off blowout preventor, released rig. Shut in to build tank battery.

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

SIGNED Roger C. Hanks TITLE Owner DATE 4-16-69
By Kay White

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: