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HOBBS OFFICE O. C. C.  
 NEW MEXICO CONSERVATION COMMISSION  
 APR 15 11 37 AM '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. K-3836	

**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 State "A"
3. Address of Operator P. O. Box 2126 Roswell, New Mexico 88201		9. Well No. 1
4. Location of Well UNIT LETTER <u>C</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>2097'</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>11S</u> RANGE <u>33E</u> NMPM.		10. Field and Pool, or Wildcat North Bagley, Lower Penn (undesignated)
15. Elevation (Show whether DF, RT, GR, etc.) 4316.3 GL		12. County

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 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.

4-11-69: Ran 299 jts 5½", 15.5# & 17#, N-80 & J-55, Buttress & short thread csg - 10,418.02' set @ 10,410' RKB. Cmt w/250 sx 50/50 Incor Poz, 2% gel, 8# salt; followed by 250 sx 50/50 Incor Poz, 8# salt, 3/4 of 1% CPR-2. Plug down @ 3 PM. WOC 18 hrs. Press test to 1500# for 30 min. Test OK.

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

SIGNED <u>[Signature]</u>	TITLE <u>Agent</u>	DATE <u>4-14-69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DIRECT</u>	DATE <u>APR 17 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		