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NEW MEXICO OIL CONSERVATION COMMISSION

HUBBS OFFICE O. G. C.
JUN 16 8 47 AM '69

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

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

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 KING RESOURCES COMPANY	8. Farm or Lease Name Marg McGuffin
3. Address of Operator 300 Wall Towers West, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER M, 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 24 TOWNSHIP 9-S RANGE 32-E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4319 Gr.	12. County Lea

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 JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND 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.

1. Spudded 6/9/69, 17-1/2" hole.
2. Drilled to 354', ran 12 jts. 13-3/8" 48# H-40 casing to 354'.
3. Cemented w/ 375 sx. Type "C" + 2% Ca.Cl.
4. Pumped plug to 375'. Cement circulated. W.O.C. 18 hrs.
5. Tested casing to 1000#, tested o.k.

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

SIGNED [Signature] TITLE District Engineer

DATE 6/13/69

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1

DATE JUN 19 1969

CONDITIONS OF APPROVAL, IF ANY: