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NEW MEXICO OIL CONSERVATION COMMISSION

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

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No.</p>
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>	<p>7. Unit Agreement Name</p>	
<p>2. Name of Operator Imperial-American Management Company</p>	<p>8. Farm or Lease Name Holt State "A"</p>	
<p>3. Address of Operator 507 Midland Savings Bldg. Midland, Texas</p>	<p>9. Well No. 1</p>	
<p>4. Location of Well UNIT LETTER <u>0</u> <u>1980</u> FEET FROM THE <u>East</u> LINE AND <u>720</u> FEET FROM THE <u>South</u> LINE, SECTION <u>4</u> TOWNSHIP <u>10-S</u> RANGE <u>34-E</u> NMPM.</p>	<p>10. Field and Pool, or Wildcat Undesignated</p>	
<p>15. Elevation (Show whether DF, RT, GR, etc.)</p>	<p>12. County Lea</p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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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"/>	

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.

Change of Operators:

Formerly
SOLAR OIL COMPANY
Box 5596
Midland, Texas

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

SIGNED [Signature] TITLE Area Manager DATE October 24, 1969

APPROVED BY [Signature] TITLE JUNE V. BOX DISTRICT DATE _____

CONDITIONS OF APPROVAL, IF ANY: