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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 27 6 02 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.
L-210

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	None
ROGER C. HANKS	8. Farm or Lease Name
3. Address of Operator	Teresa
606 Wall Towers West, Midland, Texas 79701	9. Well No.
4. Location of Well	1
UNIT LETTER <u>H</u> , <u>660</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>North</u> LINE, SECTION <u>11</u> TOWNSHIP <u>9S</u> RANGE <u>32E</u> NMPM.	Undesignated
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4426.5 GR	Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <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.

8-6-69 Ran and set 13 joints 13 3/8" 48# casing at 405' with 400 sacks regular cement, 2% CC, Cement circulated. Plug down at 6:00 a.m. WOC 18 hours. Tested 1500# for 30 minutes; tested okay.

SUPPLEMENT TO REPORT FILED 8-21-69

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 Operator

DATE 8-26-69

APPROVED BY [Signature]

TITLE [Signature]

DATE AUG 20 1969

CONDITIONS OF APPROVAL, IF ANY: