

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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 checked="" 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 Pierce & Dehlinger		8. Farm or Lease Name Sheridan
3. Address of Operator 815 Petroleum Bldg., Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>13</u> TOWNSHIP <u>9-S</u> RANGE <u>33-E</u> NMPM.		10. Field and Pool, or Wildcat Vada Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4336 GL		12. County 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <u>Recompletion</u> <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.

Testing well by pumping

Pumped 146 barrels of oil; 100 barrels of water in 24 hours; 165 MCF ; Gas/Oil Ratio 1130; casing pressure 40#.

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

SIGNED John P. Jansen TITLE Prod. Supt DATE 7-3-75

APPROVED BY John P. Jansen TITLE Prod. Supt DATE 7-3-75

CONDITIONS OF APPROVAL, IF ANY: