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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 checked="" 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 TEXAS PACIFIC OIL COMPANY, INC.		8. Farm or Lease Name State "C" A/c-2	
3. Address of Operator P. O. Box 1069 - Hobbs, New Mexico 88240		9. Well No. 2	
4. Location of Well UNIT LETTER H , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 12-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat Bagley	
15. Elevation (Show whether DF, RT, GR, etc.) 4244.5' 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input 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.

- Moved in, rigged up. Spudded 8:00 PM 1-15-70.
- Drilled to 348'.
- Set 13-3/8" 48# H-40 casing @348'. Cemented w/400 sks. cement w/2% CaCl. Cement Circulated. WOC 18 hrs. Drilled out.
- Tested casing to 600# 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.

Original Signed by

SIGNED <u>Sheldon Ward</u>	TITLE <u>Area Superintendent</u>	DATE <u>1-19-70</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPV. DISTRICT 6</u>	DATE <u>1-19-70</u>
CONDITIONS OF APPROVAL, IF ANY:		