| NO. OF COPIES RECEIVE     | ED  |  |                                       | Form C-103                            |                 |  |
|---------------------------|---|--|---------------------------------------|---------------------------------------|-----------------|--|
| DISTRIBUTION              |   |  |                                       | Supersedes Old                        |                 |  |
| SANTA FE                  |   | NEW MEXICO OIL CONSE   | RVATION COMMISSION                    | C-102 and C-103<br>Effective 1-1-65   |                 |  |
| FILE                      |   | 1  |                                       |                                       |                 |  |
| U.S.G.S.                  |   |  |                                       | 5a. Indicate Type of Lease            |                 |  |
| LAND OFFICE               |   |  |                                       | State Fee                             | X               |  |
| OPERATOR                  |   | -  |                                       | 5. State Oil & Gas Lease No.          |                 |  |
|                           |   | 1  |                                       |                                       |                 |  |
| <del></del>               | CLINIDE   | W NOTICES AND DEDODES ON A   | WELL C                                | mmmmm.                                | m               |  |
| (DO NOT USE TH            | SUNDA   | RY NOTICES AND REPORTS ON VOCASALS TO DRILL OR TO DEEPEN OR PLUG BAITON FOR PERMIT -" (FORM C-101) FOR SUCH  | VELLS CK TO A DIFFERENT RESERVOIR.    |                                       | 11111           |  |
| 1.                        | USE TAPPLICAT   | TON FOR PERMIT =** (FORM C-101) FOR SUCH   | PROPOSALS.)                           | 7. Unit Agreement Name                | 7777            |  |
| WELL X                    | GA5   |  |                                       | 7. Our rigidement reduce              |                 |  |
| 2. Name of Operator       | WELL L.   | OTHER-   |                                       | 8. Farm or Lease Name                 |                 |  |
|                           |   | 0.17   |                                       |                                       |                 |  |
| 3. Address of Operator    | opment co   | mpany of Texas   |                                       | SFPRR                                 |                 |  |
|                           |   |  |                                       | s. Well ING.                          |                 |  |
| 900 Polk                  | Street, A   | marillo, Texas 79101   |                                       | 10. Field and Pool, or Wildcat        |                 |  |
| 4. Location of Well       |   |  |                                       |                                       |                 |  |
| UNIT LETTER               | <u> </u>  | 660 FEET FROM THE North  | LINE ANDFEET FR                       | om West Savver (San Ar                | id <b>res</b>   |  |
|                           |   |  |                                       |                                       | /////           |  |
| THE East                  | LINE, SECTI   | on 33 township 98  | RANGE 37E NMF                         | ·w. (                                 | 11111           |  |
|                           |   |  |                                       | <u> </u>                              | 7////           |  |
|                           |   | 15. Elevation (Show whether D  | F, RT, GR, etc.)                      | 12. County                            |                 |  |
|                           |   | 3977' RKB, 3967  | * GL                                  | Lea                                   | /////           |  |
| 16.                       | Check   | Appropriate Box To Indicate Na   |                                       | Other Data                            |                 |  |
| N                         |   | NTENTION TO:   | ~                                     | NT REPORT OF:                         |                 |  |
| .,,                       | 31132 31 11   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 30532432                              | NEI ON I OI .                         |                 |  |
| PERFORM REMEDIAL WOR      | <u>, []</u>   | PLUG AND ABANDON   | REMEDIAL WORK                         | ALTERING CASING                       |                 |  |
|                           | ` E   |  | COMMENCE DRILLING OPNS.               |                                       | H               |  |
| TEMPORARILY ABANDON       | <del>-</del>  | 1  | CASING TEST AND CEMENT JOB            | PLUG AND ABANDONME                    | мт              |  |
| PULL OR ALTER CASING      |   | CHANGE PLANS   |                                       |                                       |                 |  |
|                           |   |  | OTHER                                 |                                       | L               |  |
| OTHER                     |   |  |                                       |                                       |                 |  |
| 17. Describe Proposed     | or Completed O  | perations (Clearly state all pertinent detai   | ls, and give pertinent dates, includi | ing estimated date of starting any pr | oposed          |  |
| work) SEE RULE 1          |   |  |                                       |                                       | •               |  |
|                           |   |  |                                       |                                       |                 |  |
| 8-20-70:                  | Ran 163   | jts 45" 10.5# K-55 ST&C c  | asing. Set at 5025'                   | rkb.                                  |                 |  |
|                           |   | w/250 sx Incor Pozmix 50   |                                       |                                       |                 |  |
|                           | and 3/4% CFR-2 preceded by 500 gal mud flush. Ran regular |  |                                       |                                       |                 |  |
|                           |   | guide shoe and insert float valve w/automatic fillup. Plug   |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
|                           |   | 5:00 a.m. 8-20-70. WOC 4 emented in accordance wit   |                                       |                                       |                 |  |
|                           | Cestus c  | emented in accordance wit  | n whose operon 1.                     |                                       |                 |  |
| 9 0), 70.                 | m   |  |                                       |                                       |                 |  |
| 8-24-70:                  |   | asing to 1050 psi for 30 :   | minutes belied with D                 | o pressure                            |                 |  |
|                           | drop not  | ea.  |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
|                           |   |  |                                       |                                       |                 |  |
| 18 I hereby certify that  | the information   | above is true and complete to the best of  | my knowledge and belief.              |                                       |                 |  |
| 18. I hereby certify that | · · · · · · · · · · · · · · · · · · ·                     | complete to the best of  | my knowledge and better               |                                       |                 |  |
| 7                         | 1 to  |  |                                       |                                       |                 |  |
| SIGNED James              | <u> </u>  | TITLE P  | etroleum Engineer                     | DATE August 27, 19                    | <del>3</del> 70 |  |
|                           |   |  | A                                     |                                       |                 |  |
| × /_                      | 11  | Africa de la companya della companya | 9.1 <b>4.</b>                         |                                       |                 |  |
| APPROVED BY               |   | JAMES TITLE  |                                       | DATE                                  | <u> </u>        |  |
| CONDITIONS OF APPR        | OVAL, IF ANY  | <i>!</i>   |                                       |                                       |                 |  |
|                           | •   | e e e e e e e e e e e e e e e e e e e  |                                       |                                       |                 |  |