

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐
Name of Operator
Bell, Foy and Middlebrook, Ltd.
Address of Operator
310 West Texas, Suite 210, Midland, Texas 79701
Location of Well
UNIT LETTER J 2310 FEET FROM THE south LINE AND 1980 FEET FROM
THE east LINE, SECTION 22 TOWNSHIP 10S RANGE 36E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
Gainer
9. Well No.
1
10. Field and Pool, or Wildcat
S. Crossroads Devonian
12. County
Lea

11. Elevation (Show whether DF, RT, GR, etc.)
4003.5 GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM 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 checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

Change Surface casing program to set at 350'. This is consistent with other wells within the South Crossroads Devonian Field.

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

CO [Signature] TITLE General Partner DATE 12-8-87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 11 1987

CONDITIONS OF APPROVAL, IF ANY: