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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.	
E-10130	
7. Unit Agreement Name	
8. Farm or Lease Name	
Hondo-State	
9. Well No.	
3	
10. Field and Pool, or Wildcat	
12. County	
Roosevelt	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	
2. Name of Operator	
Champlin Petroleum Company	Non-operator: Warren American Oil Company
3. Address of Operator	
P. O. Box 1797, Midland, Texas	
4. Location of Well	
UNIT LETTER D , 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 7-S RANGE 33-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
4420 GR	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
	Spud: 4-22-65

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.

Drilled 12-1/4" hole to 418'. Set 8-5/8", 20#, H-40 casing at 404' w/300 sacks regular 2% calcium chloride and 1/4# gel flake per sack. Plug down at 8 A.M. 4-23-65. Pumped back 80 sacks. Tested casing to 800# for 30 minutes. Tested o.k. Started drilling cement at 10 P.M. 4-23-65.

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

SIGNED H. N. Brown TITLE District Superintendent DATE April 26, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: