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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

## 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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <b>Lario Oil &amp; Gas Company</b>		5. State Oil & Gas Lease No. <b>L.S. 062178- Federal</b>
3. Address of Operator		7. Unit Agreement Name
4. Location of Well <b>Box 1209 Odessa, Texas</b>		8. Farm or Lease Name <b>Federal "A"</b>
UNIT LETTER <b>0</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>14</b> TOWNSHIP <b>T-3-S</b> RANGE <b>34E</b> NMPM.		9. Well No.
15. Elevation (Show whether DF, RT, GR, etc.) <b>4272</b>		10. Field and Pool, or Wildcat <b>Milnesan San Andres</b>
12. County <b>Lea</b>		

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 checked="" 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 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.

Please take above well off of proration schedule as of May 1, 1969. This well will be temporarily abandon for future use of salt water disposal or secondary recovery program.

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

SIGNED C. B. Leuenberger TITLE Asst. Dist. Prod. Supt. DATE 4-30-69

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD

MAILED