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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5h. Indicate Type of Lease

State **12 NM '67** 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator <b>TEXAS PACIFIC OIL COMPANY</b> 3. Address of Operator <b>P. O. Box 1069 - Hobbs, New Mexico</b> 4. Location of Well UNIT LETTER <b>I</b> , <b>1650</b> FEET FROM THE <b>South</b> LINE AND <b>990</b> FEET FROM THE <b>East</b> LINE, SECTION <b>32</b> TOWNSHIP <b>7-S</b> RANGE <b>37-E</b> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <b>4059.5' GR</b>	7. Unit Agreement Name 8. Farm or Lease Name <b>BLUETT GAS COM.</b> 9. Well No. <b>1</b> 10. Field and Pool, or Wildcat <b>Undesignated</b> 12. County <b>Reconvelt</b>
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

1. Rigged up. Ran 1" N-80 tubing to 5395'.
2. Pumped 250 sx. Howco-Lite cement to cement outside of 2-7/8" casing.
3. Circulated out excess mud w/250 bbl. water treated w/corrosion inhibitor.
4. Temperature survey indicates TC-4500'.
5. Rigged down and shut-in.

Cement job witnessed by Eric Engbrecht, O.C.C. Hobbs.

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

Original Signed by

SIGNED Sheldon Ward

TITLE Area Superintendent

DATE 8-31-67

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: