

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 15 1967

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.)

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

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input checked="" 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.

1. Drilled to TD 8818'.
2. Ran 268 jts. 2-7/8" casing. Set @ 8818'.
3. Cemented w/550 sks. Howco + 200 sks. 50-50 poxmix.
4. Pumped plug to 8740'. W.O.C. 18 hrs.
5. Tested casing to 800#. Tested ok.
6. Temperature survey indicated TC-5400'.

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 8-14-67

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: