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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. B-10130

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator CAYMAN CORPORATION	8. Farm or Lease Name Hondo-State
3. Address of Operator 610 SECURITY NATIONAL BANK BLDG. ROSWELL, NEW MEXICO	9. Well No. 4
4. Location of Well UNIT LETTER C, 1980 FEET FROM THE West LINE AND 660 FEET FROM THE North LINE, SECTION 31 TOWNSHIP 7-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Chaveroo-San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4446.1 G.L.	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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

12-9-67 T.D. 4360 ft. Ran 135 joints 4-1/2, 10.5#, j-55 casing set @ 4359 ft.
Cemented with 350 sx.50-50 Pozmix+2% gel, 3/4 CFR-2, 8# salt/sx. Plug down
3 A.M.

12-10-67 W.O.C. 24 hrs. Tested casing @ 2000# - 30 min. No leaks.

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

SIGNED W. B. McCar TITLE Agent DATE 12-18-67

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL IN THREE COPIES
TITLE _____
ENCLOSURE _____