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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. LG 7662	
7. Unit Agreement Name	
8. Farm or Lease Name Brown State	
9. Well No. 1	
10. Field and Pool, or Wildcat Todd (San Andres) N.W.	
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator MONSANTO COMPANY
3. Address of Operator 1330 Midland NBT, Midland, Tx. 79701	4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>north</u> LINE AND <u>660</u> FEET FROM THE <u>east</u> LINE, SECTION <u>18</u> TOWNSHIP <u>7S</u> RANGE <u>35E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)	

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 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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

Well spudded @ 6:30 AM 11/30/80.
Drill 12 1/4" hole to 406'; Ran 8 5/8" 24# ST&C Casing. T.D. 406';
Cement w/ 425 Sx. Class "C" cement & 2% CaCl2 & 1/4# Cello Flakes/Sx.
Circulate cement to surface. WOC

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

SIGNED [Signature] TITLE Regional Prod. Mgr.

DATE 12/5/80

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: