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HOBBS OFFICE O.C.E.
Mar 11 10 17 AM '66
 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-10411	
7. Unit Agreement Name	
8. Farm or Lease Name Goff State	
9. Well No. 1	
10. Field and Pool, or Wildcat Wildcat	
12. County Chaves	

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 Robinson Bros. Oil Producers
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico
4. Location of Well UNIT LETTER B , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 15 S RANGE 31 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4364.1 GL

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

Spudded 3:15 P.M. 2/27/66. Cemented 8 5/8" new 24# J-55 casing at 401 feet with 325 sacks Class C Incon with 2% HA5. Plug down 9:15 P.M. 2/27/66. Cement circulated. WOC 24 hours and pressure tested casing with 1000# for 30 minutes, test O.K.

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

SIGNED **A. L. Smith** TITLE **Agent** DATE **March 10, 1966**

APPROVED BY TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: