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LAND OFFICE		
OPERATOR		

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

NEW MEXICO OIL CONSERVATION COMMISSION :E 0.C.C.

MAY 25 11 33 AM '66

5a. Indicate Type of Lease
State [X]　　　Fee [ ]

5. State Oil & Gas Lease No.
K-2019

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 [X]　　GAS WELL [ ]　　OTHER-

7. Unit Agreement Name

2. Name of Operator
Champlin Petroleum Company　　**Non-Operator:**
Warren American Oil Company

8. Farm or Lease Name
State 5 "A"

3. Address of Operator
P. O. Box 1797, Midland, Texas

9. Well No.
2

4. Location of Well

UNIT LETTER **D** , **660** FEET FROM THE **North** LINE AND **660** FEET FROM

THE **West** LINE, SECTION **5** TOWNSHIP **8-S** RANGE **33-E** NMPM.

10. Field and Pool, or Wildcat
Undesignated

15. Elevation *(Show whether DF, RT, GR, etc.)*
4433' GR

12. County
Chaves

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
OTHER _____ [ ]		OTHER _____	[ ]

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.

Sitton & Norton Drilling Co. spudded @2:00 P.M. 4-28-66. Drilled 12-1/4" hole to
370'. Set 8-5/8" 20# Limited Service Casing @366'. Cemented with 250 sacks Regular
2% Calcium Chloride plus 1/4# Flocel per sack. Circulated cement. Plug down @6:25 P.M.
4-28-66. Tested casing & blow-out preventers to 800# with water for 30 minutes.
Test okay @8:00 P.M. 4-29-66.

Drilling 7-7/8" hole below surface casing.

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

ORIGINAL SIGNED BY

H. N. BROWN

SIGNED **H. N. Brown** TITLE **District Superintendent** DATE **5-24-66**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: