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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 30 7 55 AM '67

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>08 1062</b>

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 <b>Kerr-McGee Corporation</b>	8. Farm or Lease Name <b>State F</b>
3. Address of Operator <b>P.O. Box K, Surrency, Texas</b>	9. Well No. <b>5</b>
4. Location of Well UNIT LETTER <b>L</b> , <b>1,980</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>2</b> TOWNSHIP <b>88</b> RANGE <b>33E</b> NMPM.	10. Field and Pool, or Wildcat <b>Chavero</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4,377.5 GR</b>	12. County <b>Chaves</b>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Installation of pumping equipment** ☒

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.

**Due to decrease in production, pumping equipment was installed on 1-7-67. Bottom hole pump is 1 1/2". Bottom of tubing is at 4,242'.**

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

SIGNED <b>C. J. Breiden</b>	TITLE <b>Engineer</b>	DATE <b>1-25-67</b>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		