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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. State Oil & Gas Lease No.

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.  
SEE APPLICATION FOR PERMIT TO DRILL OR TO DEEPEN FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection Well</u>	7. Unit Agreement Name
2. Name of Operator <u>Apollo Energy, Inc.</u>	8. Farm or Lease Name <u>Cato Baskett WFP</u>
3. Address of Operator <u>P. O. Box 5315, Hobbs, New Mexico 88241</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>8S</u> RANGE <u>30E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Cato San Andres</u>
11. Elevation (show whether DF, RT, GR, etc.) <u>4167' RDB</u>	12. County <u>Chaves</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 OPER. <input 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 type="checkbox"/>	OTHER <input type="checkbox"/>

13. 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.

Apollo Energy, Inc., plans to have a workover unit on this well the week of July 5 - July 10, 1984, to correct problems as instructed by the NMOC D letter dated June 28, 1984. Tubing and packer will be pulled and repair work will be done as necessary.

THE COMMISSION MUST BE NOTIFIED  
24 HOURS PRIOR TO COMMENCING WORK

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

SIGNED [Signature] TITLE President DATE July 3, 1984

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL - 5 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 8 - 1984

MAIL ROOM