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NEW MEXICO OIL CONSERVATION COMMISSION, C.

JUL 31 9 28 AM '67

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

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.  
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>LOHMANN OILWELL SERVICE, INC.</b>	8. Farm or Lease Name <b>CROSBY</b>
3. Address of Operator <b>202 W. BROADWAY PLACE HOBBS, NEW MEXICO</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>J</b> , <b>1980</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>1980</b> FEET FROM <b>EAST</b> <b>5</b> TOWNSHIP <b>8 S</b> RANGE <b>30E</b> NMPM.	10. Field and Pool, or Wildcat <b>CATO</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>GR 4035</b>	12. County <b>CHAVES</b>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

7/27/67

RAN 110 JTS. 5 1/2" 14# 8 ROUND THREAD CASING TO 3288 FT. IN 7 7/8 HOLE.  
CEMENT WITH 150 SKS. 2% GEL ENCORE, SALT BASED CEMENT  
W O C - TEST CASING TO 3000 PSI 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 *Don X. Schumacher* TITLE PRESIDENT DATE 7/27/67  
APPROVED BY *Joe L. Stacey* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: