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HUBBS OFFICE
NEW MEXICO OIL CONSERVATION COMMISSION

JUL 5 10 00 AM '67

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

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
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 <i>San American Petroleum Corp.</i>	8. Farm or Lease Name <i>CROSBY "G"</i>
3. Address of Operator <i>Box 68 Hobbs, New Mexico 88240</i>	9. Well No. <i>2</i>
4. Location of Well UNIT LETTER <i>K</i> <i>1980</i> FEET FROM THE <i>South</i> LINE AND <i>1980</i> FEET FROM THE <i>West</i> LINE, SECTION <i>9</i> TOWNSHIP <i>8-S</i> RANGE <i>30-E</i> NMPM.	10. Field and Pool, or Wildcat <i>CATO San Andres</i>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <i>CHAVEZ</i>

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 ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
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.

Cactus Drilg. Co., spudded 11" hole at 8:00 P.M. on 6-28-67. 8 5/8" OD 24" J-55 casing was set at 260' w/ 250 sx. incor. Cement circulated. After WOC 18 hours tested casing w/ 1000 PSI for 30 minutes. Test OK.

Reduced hole to 7 7/8" at 260' and resumed drilling.

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

SIGNED *[Signature]* TITLE *Area Supt.* DATE *6-30-67*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*1- NMOCC-H
1- NMO
1- CUSP*