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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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.	
E-2367	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Gordon M. Cone		State 24
3. Address of Operator		9. Well No.
P. O. Box 1148, Lovington, New Mexico		2
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>m</u> , <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM		Banger Lake Penn.
THE <u>West</u> LINE, SECTION <u>24</u> TOWNSHIP <u>12S</u> RANGE <u>34E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
		Lea

15.

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Request for Approval of ☒
Abandonment

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
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.

The undersigned inspected the above location yesterday and found that the premises were clean as reported to you by B. D. Chaffin's letter of May 5, 1971.* Further, Ralls C. Jones, President of the A. D. Jones, Estate, Inc., surface owner, reported today that the surface was in satisfactory condition and satisfactory arrangements were made with him to permit the tank's remaining on the premises, evidence of which shall be transmitted to you as soon as the mails will permit the dispatch and return of such evidence.

* Who died December, 1973

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

SIGNED Gordon M. Cone TITLE Operator DATE 11-01-74

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: