DISTRIBUTION		Supersede	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65		
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION				
FILE			211301110	1-1-03	
U.S.G.S.			5a. Indicate 7	Type of Lease	
LAND OFFICE			State	Fee X	
OPERATOR			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.			7. Unit Agree	ment Name	
OIL GAS WELL 2. Name of Operator	OTHER-				
Cabot Corporation			8. Farm or Le		
3. Address of Operator			9. Well No.	9. Well No.	
Box 4395, Midl 4. Location of Well	and, Texas 79701		10. Field and	Pool, or Wildcat	
UNIT LETTER 11 19	180 FEET FROM THE NOTE	h LINE AND 660 FEE		evonian	
1		-S RANGE 37-E			
	15. Elevation (Show whe				
3856			12. County Lea		
Check A	ppropriate Box To Indicat	e Nature of Notice, Report			
NOTICE OF INT	TENTION TO:	SUBSEC	UENT REPORT C	F:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLI	IG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	OTHER CORRECT FO	ma C-103		
OTHER					
17. Describe Proposed or Completed Oper	rations (Clearly state all pertinent	details, and give pertinent dates, inc	cluding estimated date	of starting any proposed	
work) SEE RULE 1103.				,g, pp	
Hobbs Pipe And Suppl	v Company has purcha:	sed our J. L. Reed Nos	. 3 and 4 to r	oluo and	
		ing notice of their in			
		umber to be No. 1, alti			
was correct for Well				.age onemi	
The J. L. Reed Well	No. 1 is still produ	cing and is not schedu	led to be plus	rand at	
this time.	wo. I is still broom	CLIE AND IS NOT SCHEOU	ted to be bing	ged at	
18. I hereby certify that the information at	ove is true and complete to the be	est of my knowledge and belief.			
SIGNED + + + 1	· · · · · · · · · · · · · · · · · · ·	Digt Dand Comft		7 22 70	
JIGNED TO THE TOTAL TO THE TOTAL TOT	TITLE _	Dist. Prod. Sup ¹ t.	DATE	1-23-70	
	Marine Comment	ANR DISTRICT (
CONDITIONS OF APPROVAL, IF ANY:	TITLE	AND DISTRICT	DATE	-	

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