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NEW MEXICO OIL CONSERVATION COMMISSION

LOT 7 11 65 11135

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 KINGREA, PENDLETON & REISER	8. Farm or Lease Name LOWE
3. Address of Operator 608 V&J TOWER, MIDLAND, TEXAS	9. Well No. 1
4. Location of Well UNIT LETTER A , 554 FEET FROM THE North LINE AND 554 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 12-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat GLADIOLA DEVONIAN, SOUTHWEST
15. Elevation (Show whether DF, RT, GR, etc.) 3911 DF	12. County LEA

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input 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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Install Pump <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Plan to pull tubing from 12,232 feet and re-run to 3512.48' with B.J. Centrillift Pump set at 3499.59'. 20 H.P. Electric Motor in pump.

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

SIGNED *Leo Kingrey* TITLE Partner DATE October 5, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: