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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. <i>K-865</i>
7. Unit Agreement Name
8. Farm or Lease Name <i>State MWO</i>
9. Well No. <i>1</i>
10. Field and Pool, or Wildcat <i>Wildcat</i>
12. County <i>Lea</i>

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"/>
2. Name of Operator <i>Ralph Lowe</i>
3. Address of Operator <i>PO Box 832, Midland, Texas, 79701</i>
4. Location of Well UNIT LETTER <i>B</i> <i>660</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>5</i> TOWNSHIP <i>14-S</i> RANGE <i>34-E</i> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) <i>4165 DF Est.</i>

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"/>	PLUS 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 checked="" type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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 1105.

*Well Spudded on June 17, 1965. on June 18 ran 13 3/8" 48#
Casing set at 315'. Cemented with 350 Saps Reg. Heat 2% CC.
Cement Circulated. after 24. hours pipe Tested with 1500#
Pressure for 30min. Pipe Tested O.K.*

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

SIGNED *[Signature]* TITLE *Agent* DATE *6/23/65*
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: