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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. K-3909
7. Unit Agreement Name
8. Farm or Lease Name Ranger Lake
9. Well No. 1
10. Field and Pool, or Wildcat Ranger Lake Penn.
12. County Lea

**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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Corinne Grace

3. Address of Operator  
P. O. Box 1418, Carlsbad, New Mexico 88220

4. Location of Well  
UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM  
THE West LINE, SECTION 11 TOWNSHIP 12S RANGE 34E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
4173 RT

16. 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 <u>Studying for salt water displac<sup>osa</sup></u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

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

SIGNED Kenneth F. Smith TITLE Agent DATE Nov. 5, 1973

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 8 1973

CONDITIONS OF APPROVAL, IF ANY: