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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.	
B 10706	

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>plug</u>	
2. Name of Operator <u>Sam Boren</u>	
3. Address of Operator <u>Box 953, Midland, Texas</u>	
4. Location of Well UNIT LETTER <u>N</u> , <u>660</u> FEET FROM THE <u>S</u> LINE AND <u>1980</u> FEET FROM THE <u>W</u> LINE, SECTION <u>25</u> TOWNSHIP <u>12S</u> RANGE <u>35E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <u>4226 GL</u>	

7. Unit Agreement Name
8. Farm or Lease Name <u>Amerade State</u>
9. Well No. <u>1</u>
10. Field and Pool, or <u>Widener</u> <u>East Hightower</u>
12. County <u>Lea</u>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" 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.

Well drilled to T.D. 10400'. Verbal permission to plug given Mr. Rankin by Mr. Ramey. Set 25 ex plug @ 9782'. Shot 4 1/2 off @ 7000'. Cement plugs as follows: 25 ex 6960-7040; 25 ex 5460-5540; 25 ex 4109-4189; Shot 8 5/8" off @ 1000'; 25 ex 971-1031; 25 ex 384-444; 10 ex at surface. Well plugged 8-8-69. Steel marker erected. Will notify when ready for inspection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Lillian Jones</u>	TITLE <u>Agent</u>	DATE <u>8-20-69</u>
APPROVED BY <u>John W. Remyan</u>	TITLE <u>Agent</u>	DATE <u>8-20-69</u>
CONDITIONS OF APPROVAL, IF ANY:		