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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.<br><b>OG 5371</b> |                              |

**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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-  |  | 7. Unit Agreement Name                                |
| 2. Name of Operator<br><b>Midwest Oil Corporation</b>  |  | 8. Farm or Lease Name<br><b>New Mexico "S" State</b>  |
| 3. Address of Operator<br><b>1500 Wilco Building, Midland, Texas 79701</b>   |  | 9. Well No.<br><b>1</b>                               |
| 4. Location of Well<br>UNIT LETTER <b>P</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>510</b> FEET FROM<br>THE <b>East</b> LINE, SECTION <b>5</b> TOWNSHIP <b>14-S</b> RANGE <b>34-E</b> NMPM. |  | 10. Field and Pool, or Wildcat<br><b>Undesignated</b> |
| 15. Elevation (Show whether DF, RT, GR, etc.)  |  | 12. County<br><b>Lea</b>                              |

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 <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 1103.

**1-20-69: Spudded 6:30 PM**

**1-21-69: Ran 8 jts 11 3/4" Spiralweld 31.2# casing set at 318 and cemented w/300 sax Reg. + 2% cc. Cement circulated. WOC 18 hours. Tested @ 1000 psi for 30 min. Tstd. OK.**

**1-30-69: Ran 119 jts 8 5/8" 32# and 24#, J-55, casing set @ 4336 and cemented w/400 sax Class "C" w/2% cc. W.O.C. 18 hours. Tested @ 1000# psi for 30 min. Tstd. OK.**

**2-28-69: Ran 313 jts 5 1/2", 17#, N-80 LT&C, J-55 ST&C casing set at 10,573' w/600 sax Class "C" + 2% gel and 5# salt/sax. W.O.C. 24 hours. Tested @ 1500# for 45 min. Tested OK.**

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

|                                 |                                  |                         |
|---------------------------------|----------------------------------|-------------------------|
| SIGNED <u>Carolyn Turner</u>    | TITLE <u>Production Clerk</u>    | DATE <u>3-14-69</u>     |
| APPROVED BY <u>[Signature]</u>  | TITLE <u>SUPERVISOR DISTRICT</u> | DATE <u>APR 14 1969</u> |
| CONDITIONS OF APPROVAL, IF ANY: |                                  |                         |