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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 17 11 51 AM '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

1. Indicate type of notice State ☒ Other ☐
2. State oil, gas, geothermal K-10
3. Unit Agreement Name
4. Name of Operator State "G"
5. Well No. 1
6. Location of well Correct (unplugged) Pl.
7. Elevation (Show whether DE, RT, GR, etc.) 4150 GL Est
8. 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 - "A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Dry Hole
2. Name of Operator Ralph Lowe
3. Address of Operator PO Box 832, Midland, Texas 79701
4. Location of Well UNIT SECTION H 1980 FEET FROM THE North LINE AND 554 FEET FROM THE East LINE SECTION 5 TOWNSHIP 14-S RANGE 34-E N.M.P.M.
5. Elevation (Show whether DE, RT, GR, etc.) 4150 GL Est

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

ON July 14, 1969 Well was plugged as per verbal instructions of Mr. J.D. Ramey as follows:
35 sac at TD 10350' - 10260'; 25 sac @ 9500' - 9421';
25 sac @ 8000' - 7921'; 25 sac @ 5800' - 5721'; 25 sac
in and out of 8 7/8" casing 4350' - 4251'; 10 sac @
surface w/ regulation marker. 9.6# drilling mud
used between cement plugs. We will advise when
location is ready for inspection.

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

SIGNED John W. Ramey	TITLE agent	DATE 7/16/69
APPROVED BY John W. Ramey	TITLE Agent	DATE 7/16/69
CONDITIONS OF APPROVAL, IF ANY:		