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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.
L-258

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"/>	7. Unit Agreement Name
2. Name of Operator Bell Petroleum Company	8. Farm or Lease Name DeSoto State
3. Address of Operator P. O. Box 1538 - Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER "D" , 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 14-S RANGE 32-E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4281.5' GR	12. County Lea

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 checked="" type="checkbox"/>
OTHER <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.

9/14/69 Ran 310 jts 17# N-80 5 $\frac{1}{2}$ " csg (total 9999') set at 9970'/400 sx Incor Pozmix w/2% Gel and 8# salt/sx + 3/4% CFR₂; plug down at 3:45 A.M.; pressured to 1000# for 30 mins - held okay; WOC 18 hrs; released rig; prep to complete.

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

SIGNED *Walter L. Ryan* TITLE Production Supervisor DATE 9/23/69

APPROVED BY *Joe L. [Signature]* TITLE SUPERVISOR DISTRICT # DATE SEP 25 1969

CONDITIONS OF APPROVAL, IF ANY: