| NO. OF COPIES RECEIVED | | Form C-103 |
|---|--|---|
| DISTRIBUTION | | Supersedes Old C-102 and C-103 |
| SANTA FE | . NEW MEXICO OIL CONSERVATION COMMISSION | Effective 1-1-65 |
| FILE | | |
| U.S.G.S. | | 5a. Indicate Type of Lease |
| LAND OFFICE | | State Fee X |
| OPERATOR | | 5. State Oil & Gas Lease No. |
| (DO NOT USE THIS FORM FOR PLIC. USE "APPLIC. | DRY NOTICES AND REPORTS ON WELLS ROPOSALS TO DOTILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. OIL GAS WELL X WELL | OTHER- | 7. Unit Agreement Name |
| 2. Name of Operator | UTHER* | 8. Farm or Lease Name |
| Cayman Corporat | ion | McCrory |
| 3. Address of Operator | | 9. Well No. |
| 512 Midland Savings Bldg., Midland, Texas 79701 | | 1 |
| 4. Location of Well | | 10. Field and Pool, or Wildcat |
| UNIT LETTER | 660 FEET FROM THE South LINE AND 1980 FEET FROM | Wildcat |
| THE East LINE, SEC | 24 13-S 37-F | |
| | 15. Elevation (Show whether DF, RT, GR, etc.) 3860 GL | 12. County Lea |
| 16. Check | Appropriate Box To Indicate Nature of Notice, Report or O | ther Data |
| | | IT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | ALTERING CASING |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPHS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND CEMENT JOB X | |
| OTHER | OTHER | |
| 014ER | | |
| 17. Describe Proposed or Completed work) SEE RULE 1103. | Operations (Clearly state all pertinent details, and give pertinent dates, includir | g estimated date of starting any proposed |
| 11-5-69 | Spudded at 1:00 p.m. | |
| 11-6-69 390' | Ran 13 joints 13-3/8" casing and set at 3 type "H" cement with 2% CaCl ₂ . Plug down Cement circulated,WOC 18 hours. | |
| 11-7-69 | Tested 13-3/8" casing and BOP with 600# 1 | for 30 minutes, no leaks. |

· _ _

| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
|--|-------------|--|--|--|
| SIGNED | DATE]]]2-69 | | | |
| APPROVED BY TITLE SU | DATE | | | |
| CONDITIONS OF APPROVAL. IF ANY: | | | | |