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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.

L-6933

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 Amini Oil Company		8. Farm or Lease Name Superior State
3. Address of Operator 405 Wall Towers East - Midland, Tx. 79701		9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> , <u>1873</u> FEET FROM THE <u>South</u> LINE AND <u>2086</u> FEET FROM THE <u>West</u> LINE, SECTION <u>31</u> TOWNSHIP <u>14S</u> RANGE <u>34E</u> NMPM.		10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4154.1 GR		12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
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.

4-28-74 Drilled 7-7/8" hole to 10735'. Set 5 1/2" 17# & 20# N-80 & J-55 lt&c casing @10735' and cemented w/225 sx class c (8# salt + 2/10 of 1% CFR-2 per sk).

4-29-74 Plugged down @12:30 PM. W.O.C. 18 hrs. - tested csg. w/1000 psi for 30 mins. - held ok. Ran temp. survey - top of cement = 9800'.

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

SIGNED Herint Stephenson TITLE Agent DATE 5-8-74

Orig. Signed by
J. D. Bandy

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: