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# NEW MEXICO OIL CONSERVATION COMMISSION

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

|  |  |  |
|--|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><small>(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.)</small> |  | 5a. Indicate Type of Lease<br>State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
|  |  | 5. State Oil & Gas Lease No.   |
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 7. Unit Agreement Name   |
| 2. Name of Operator<br><b>Taylor Pruitt</b>  |  | 8. Farm or Lease Name<br><b>Atlantic Tucker</b>  |
| 3. Address of Operator<br><b>c/o Oil Reports &amp; Gas Services, Box 763, Hobbs, New Mexico</b>  |  | 9. Well No.<br><b>4</b>  |
| 4. Location of Well<br>UNIT LETTER <b>J</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM<br>THE <b>East</b> LINE, SECTION <b>23</b> , TOWNSHIP <b>7 S</b> , RANGE <b>32 E</b> NMPM.                 |  | 10. Field and Pool, or Wildcat<br><b>Undes. Chaveroe-SA</b>  |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><b>4457.1</b>   |  | 12. County<br><b>Roosevelt</b>   |

|   |   |   |   |
|---|---|---|---|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data<br>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 type="checkbox"/> | OTHER <b>Filed to amend perforations.</b> <input checked="" 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.

**Filed to amend perforations from 4146-4450  
to 4092-4452 and top pay from 4146 to 4092.**

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

|                                       |                    |                     |
|---------------------------------------|--------------------|---------------------|
| SIGNED <u><i>H. L. Smith</i></u>      | TITLE <u>Agent</u> | DATE <u>4/17/68</u> |
| APPROVED BY <u><i>[Signature]</i></u> | TITLE <u></u>      | DATE <u></u>        |
| CONDITIONS OF APPROVAL, IF ANY:       |                    |                     |