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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 type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Atlantic Tucker
9. Well No. 4
10. Field and Pool, or Wildcat Undes Chaveroe - SA
12. County Roosevelt

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- 2. Name of Operator Taylor Fruitt 3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico 4. Location of Well UNIT LETTER J , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 7 S RANGE 32 E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4457.1 GR	16.
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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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOBS ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Spudded 12 1/4" hole 2:15 PM 3/24/68. Cemented 8 5/8" 20# H-40 casing at 360 feet with 225 sacks regular neat 2% calcium chloride. Plug down 6:00 PM 3/24/68. Cement circulated. WOC 18 hours and pressure tested with 1100# for 30 minutes, test O.K.

Cemented 5 1/2" 15.5# & 17# J-55 casing at 4473 with 300 sacks Halliburton light cement and 300 sacks Incor Pozmix, 2% gel, 0.75% CFR-2, 11# salt per sack. Bumped plug with 1300# 12:30 PM 4/1/68. WOC 48 hours and tested casing with 2000# for 30 minutes, test O.K.

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

SIGNED A. L. Smith TITLE Agent DATE 4/10/68
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: