

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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"/> 100	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
NONE	
7. Unit Agreement Name	
NONE	
8. Farm or Lease Name	
Greathouse	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Wildcat	
12. County	
Roosevelt	

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	
2. Name of Operator	
M. R. KOGER	
3. Address of Operator	
P. O. Box 386, Big Spring, Texas 79720	
4. Location of Well	
UNIT LETTER <u>P</u> , <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM	
THE <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>1-S</u> RANGE <u>31-E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
4318' KB	

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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <u>Spud, Set Casing, Test Casing</u> <input checked="" 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.

RECORD OF INCLINATION

STRAIGHT HOLE TEST

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
365	1/2	3.19	3.19
500	1/2	1.18	4.37
1000	1/2	4.37	8.74
1500	3/4	6.56	15.30
2116	1	10.78	26.08
2523	1/4	1.78	27.86
2900	1/2	1.88	29.74
3430	1	9.28	39.02
Total Displacement		39.02	

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

SIGNED <u>M. R. Koger</u>	TITLE <u>Owner</u>	DATE <u>10-18-68</u>
---------------------------	--------------------	----------------------

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

THE STATE OF TEXAS I
COUNTY OF HOWARD I

ON THIS 18th day of October, 1968, before me personally appeared M. R. Koger to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

WITNESS my hand and official seal the day and year last above written.

Don E. Stewart
Notary Public, Howard County, Texas

My commission expires June 1, 1969.

