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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 Patoil Corporation		8. Farm or Lease Name McCabe 18
3. Address of Operator 610 Midland National Bank Bldg., Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER A , 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 5-S RANGE 32-E NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4481 GL		12. County Roosevelt

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

On March 22 ran 415 feet new 8-5/8", J-55, 20 lb. surface casing to depth of 426 ft. Cemented with 200 sacks 50-50 Pozmix, 2% calcium chloride. Estimated 15 sacks circulated. Tested at 1000 lbs. for 30 minutes after 12 hours.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED H. de Compiegne, Jr.	TITLE Division Manager	DATE March 26, 1969
APPROVED BY [Signature]	TITLE Division Manager	DATE March 26, 1969
CONDITIONS OF APPROVAL, IF ANY:		