

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"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-3224
7. Unit Agreement Name
8. Farm or Lease Name New Mexico State
9. Well No. #1
10. Field and Pool, or Wildcat Wildcat
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 - 1 (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Harry H. Cullen
3. Address of Operator P. O. Box 3331, Houston, Texas 77001
4. Location of Well UNIT LETTER M 660 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 32 TOWNSHIP 6S RANGE 36E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) GR 4173'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input 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.

Drilling operations on subject well were commenced at 8:00 a.m. 11/25/72

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

SIGNED B. C. Craft TITLE Operations Manager DATE 11/27/72

APPROVED BY B. C. Craft Orig. Signed by Joe D. Ramey
CONDITIONS OF APPROVAL, IF ANY: Dist. I, Supv.

DATE DEC 4 1972