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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.	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dry Hole		7. Unit Agreement Name
2. Name of Operator C & K Petroleum, Inc.		8. Farm or Lease Name Lieb
3. Address of Operator P. O. Drawer 3546 Midland, Texas 79702		9. Well No. #1
4. Location of Well UNIT LETTER I, 560 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 32 TOWNSHIP 3-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4249		12. County Roosevelt

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

We intend to plug and abandon as follows:

Plug #1 - 80 sx cement 7450-7250'
Plug #2 - 60 sx cement 5443-5343'
Plug #3 - 40 sx cement 4122-4022'
Plug #4 - 100 sx cement 3218-3173'
Plug #5 - 40 sx cement 865-765'
Plug #6 - 10 sx cement 15-surface

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

SIGNED Jerry Sexton TITLE Adm Supervisor DATE 10/23/80

Orig. Signed by
Jerry Sexton

APPROVED BY Dist 1. Supv. TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: