

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☐ Fee ☒  
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator MARSHALL PIPE & SUPPLY COMPANY	8. Farm or Lease Name Speight
3. Address of Operator 13423 Forestway Dr., Dallas, Texas 75240	9. Well No. 1
4. Location of Well UNIT LETTER <u>I</u> <u>1400</u> FEET FROM THE <u>South</u> LINE AND <u>1280</u> FEET FROM THE <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>T2S</u> RANGE <u>R29E</u> NMPM.	10. Field and Pool, or Wildcat Tule-Montoya and Tule-Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4388 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>
		PERFORATIONS <input checked="" 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 1703.

PERFORATED CASING: Lower Zone: TULE-MONTOYA: 7084' to 7098'  
(ELEC. LOG MEASUREMENTS)  
Upper Zone: TULE-PENN 6984' to 6992' "  
and 6780-82 "  
6784 to 92 "  
Acidizing and testing

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

SIGNED J. W. Marshall TITLE Partner/Operator DATE 1-28-88

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT 1 SUPERVISOR DATE FEB 2 - 1988  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 1 1988

COCC  
ADBB'S OFFICE