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NEW MEXICO OIL CONSERVATION COMMISSION. C. C.

HOBBS OFFICE
FEB 10 11 25 AM '67

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.
B-7180-2

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | 7. Unit Agreement Name |
| 2. Name of Operator Astec Oil & Gas Company | 8. Farm or Lease Name Hudson State |
| 3. Address of Operator P. O. Box 837, Hobbs, New Mexico | 9. Well No. 1 |
| 4. Location of Well UNIT LETTER L , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 16-S RANGE 32-E NMPM. | 10. Field and Pool, or Wildcat Undesignated |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4150 DF | 12. County Lea |

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 JOB <input type="checkbox"/> | OTHER <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 1103.

This is to inform you that this well is temporarily abandoned pending workover.

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

Original signed by

LESTER L. DUKE

SIGNED **Lester L. Duke**

TITLE **District Superintendent**

DATE **February 9, 1967**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: