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NEW MEXICO OIL CONSERVATION COMMISSION, C.

JAN 5 1 22 PM '66

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>B-7180-2</b>	
7. Unit Agreement Name	
8. Farm or Lease Name <b>Hudson State</b>	
9. Well No. <b>1</b>	
10. Field and Pool, or Wildcat <b>Undesignated</b>	
12. County <b>Lea</b>	

**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-	2. Name of Operator <b>Astec Oil &amp; Gas Company</b>
3. Address of Operator <b>P. O. Box 837, Hobbs, New Mexico</b>	4. Location of Well UNIT LETTER <b>L</b> <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>32</b> TOWNSHIP <b>16-S</b> RANGE <b>32-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>4150 DF</b>	

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 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.

SIGNED <b>Wanda signed by</b> <b>Wanda L. Duke</b>	TITLE <b>District Superintendent</b>	DATE <b>January 4, 1966</b>
APPROVED BY	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: