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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1388
7. Unit Agreement Name
8. Farm or Lease Name Vickers State
9. Well No. 1
10. Field and Pool, or Wildcat Maljamar G-SA
12. County Lea

1. Name of Operator
Southland Royalty Company

2. Address of Operator
1100 Wall Towers West, Midland, Texas 79701

4. Location of Well
UNIT LETTER M 330 FEET FROM THE South LINE AND 330 FEET FROM
THE West LINE, SECTION 4 TOWNSHIP 17-S RANGE 33-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
NA

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 <u>Bradenhead Tie In</u> <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.

Tied Bradenhead to Surface With Valve Exposed.

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

SIGNED C. Harney TITLE District Engineer DATE 2-15-79

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE MAR 13 1979

CONDITIONS OF APPROVAL, IF ANY: