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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-881
7. Unit Agreement Name
8. Farm or Lease Name Aztec State
9. Well No. 2
10. Field and Pool, or Wildcat Maljamar G-SA
12. County Lea

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- ☐

2. Name of Operator
Southland Royalty Company

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

4. Location of Well
UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM
West THE LINE, SECTION 8 TOWNSHIP 17-S RANGE 33-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4209 GR

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 Bradenhead Tie In <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. H. Hamey TITLE District Engineer DATE 2-15-79

APPROVED BY M. J. Cresswell TITLE OIL & GAS INSPECTOR DATE MAR 13 1979

CONDITIONS OF APPROVAL, IF ANY: