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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Superseded by  
C-102 and C-103  
Effective 1-1-66  
HOBBS OFFICE  
MAY 13 7 55 AM '66

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>TEXAS PACIFIC OIL COMPANY</b>		8. Farm or Lease Name <b>State "T"</b>
3. Address of Operator <b>P.O. Box 1069 - Hobbs, New Mexico</b>		9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>L</b> <b>4290</b> FEET FROM THE <b>South</b> LINE AND <b>500</b> FEET FROM THE <b>West</b> LINE, SECTION <b>6</b> TOWNSHIP <b>16</b> RANGE <b>36</b> NMPM.		10. Field and Pool, or Wildcat <b>Townsend Wolfcamp</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3976' DF</b>		12. County <b>Lea</b>

16.

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/> <b>TEMPORARILY ABANDONED</b>

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.

**HELD FOR POSSIBLE SECONDARY RECOVERY.**

THE COMMISSION MUST BE NOTIFIED  
EVERY 6 MONTHS ON FORM C-103  
AS TO THE WELL STATUS AND YOUR  
FUTURE PLANS FOR THIS WELL.

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

SIGNED Original signed by: Sheldon Ward TITLE Area Superintendent DATE 5-10-66

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: