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NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 2 8 20 AM '65

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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5. State Oil & Gas Lease No.	B-7896
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6. Indicate Type of Well	<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-
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7. Unit Agreement Name	*****
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8. Farm or Lease Name	State "g"
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9. Well No.	26
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10. Field and Pool, or Wildcat	Lovington Paddock
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11. Location of Well	UNIT LETTER A , 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 16-N RANGE 37-E NMPM.
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12. County	Lea
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13. Elevation (Show whether DF, RT, GR, etc.)	Unknown
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <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 JOB <input checked="" type="checkbox"/>	OTHER <input 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.

Well spudded July 19, 1965. Set 64 jts. (2005') of new 8-5/8" OD 240 8-2 85 J-55 2-2 HRC casing at 2097' and cemented with 1200 sacks by the Pump & Plug Process. Plug down at 9:30 A.M., July 22, 1965. Cement circulated to surface. W.O.G. 24 hrs. Pressured up to 10000 for 30 mins. and casing tested OK. Drilled out cement plug and pressured up to 10000 for 30 mins. and casing shut off tested OK.

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

SIGNED **(ORIGINAL SIGNED) H. E. Ash** TITLE **Dist. Supt.** DATE **July 29, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

33-111-01-0-1-1

(ORIGINAL) H. E. App