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HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
DEC 2 11 29 AM '65

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-6768	

### 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>XX</b> Water Injection Well		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Anadarko Production Company		Tract No. 14
3. Address of Operator		9. Well No.
1014 W. Ave K Lovington, New Mexico		1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <b>O</b> , <b>1980</b> FEET FROM THE <b>East</b> LINE AND <b>660</b> FEET FROM		Pearsall Queen
THE <b>South</b> LINE, SECTION <b>32</b> TOWNSHIP <b>17 S</b> RANGE <b>32 E</b> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3880 GL		Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

11-24-65 Drilled to 3642 TD Base salt 2285 Top Queen 3580 - Set 4 1/2" 11.6#  
csg. @ 3642 - Cemented w/250 sx. Incor cement 50-50 poamix 2% gel.  
Tested casing @ 2000 psi after 48 hrs. Well shut in pending further  
completion study.

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

SIGNED Ronald R. Layton TITLE Project Supervisor DATE 11-30-65

APPROVED ☒ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: