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LAND OFFICE	
OPERATOR	

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. K-4619
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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 K. K. Amini		8. Farm or Lease Name Pennzoil "33" State	
3. Address of Operator 204 Gulf Building, Midland, Texas 79701		9. Well No. 1	
4. Location of Well UNIT LETTER <u>0</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>16S</u> RANGE <u>34E</u> NMPM.		10. Field and Pool, or Wildcat Vacuum Gray, SA	
15. Elevation (Show whether DF, RT, GR, etc.) 4079.8GL		12. County Lea	

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 ☐
OTHER ☐

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.

Drilled 7 7/8" hole to 700' unable to drill deeper because of caving Red Beds.

Set plug as follows:

Plug # 1 - 65 sx Class H

in & out of 13 3/8"
casing @ 364'
Surface

Plug # 2 - 10 sx Class H

Plugged & abandoned 11/11/74

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

SIGNED [Signature] TITLE Comptroller

DATE 11-19-74

APPROVED BY [Signature] TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: