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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

OCT 7 1969

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K 6234
7. Unit Agreement Name
8. Farm or Lease Name Forest-State
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator W. A. Moncrief, Jr.
3. Address of Operator 817 Midland Tower Bldg., Midland, Texas 79701
4. Location of Well UNIT LETTER B 2310 FEET FROM THE East LINE AND 330 FEET FROM THE North LINE, SECTION 34 TOWNSHIP 16S RANGE 33E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4194 Ground

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 ☐

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.

H-40

9-25-69: Ran 395' of 11-3/4" 42# casing. Cemented with 375 sacks of Incor Class C plus 2% calcium chloride, 14.8#/gallon. Plug down at 12:00 noon on 9-25-69. Cement circulated back to surface.

9-26-69: 2:30 P.M. to 3:00 P.M. tested casing to 800#--held--no drop in pressure.

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

SIGNED *Richard G. Dendental* TITLE District Geologist DATE 10-3-69
APPROVED BY *[Signature]* TITLE SUPERVISOR DISTRICT DATE 10-3-69
CONDITIONS OF APPROVAL, IF ANY: