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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 type="checkbox"/>	Fee <input checked="" 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 Hilliard Oil & Gas, Inc.		8. Farm or Lease Name Goodrich	
3. Address of Operator 906 Bldg. of the Southwest, Midland, Texas 79701		9. Well No. 1	
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 11 TOWNSHIP 15-S RANGE 35-T NMPM.		10. Field and Pool, or Wildcat Wildcat	
15. Elevation (Show whether DF, RT, GR, etc.) Gr 3976 GRB 3987		12. County Lea	

16. 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 JOBS <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.

Spudded well @ 5:30 PM, 10-8-73.

Drilled 17-1/2" hole to 395'.

Ran 13 jts - 13-3/8" 48# H-40, ST&C casing, set @ 387' w/400 sx class 'H' cement, 2% CaCl. Cement circulated. Plug down @ 9:15 AM, 10-9-73.

Installed casing head and BOP's.

Tested BOP's w/1000 psi for 30 min. Held ok.

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

SIGNED Mark K. Roney TITLE Manager of Operations DATE 12-24-73

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: