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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-6966	

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 Tri-Service Drilling Company		8. Farm or Lease Name Read State	
3. Address of Operator P. O. Drawer 70 - Midland, Texas 79701		9. Well No. 1	
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>East</u> LINE AND <u>2246</u> FEET FROM THE <u>North</u> LINE, SECTION <u>4</u> TOWNSHIP <u>16-S</u> RANGE <u>35-E</u> NMPM.		10. Field and Pool, or Wildcat Townsend Strawn	
15. Elevation (Show whether DF, RT, GR, etc.) 4027 G.L.		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 ☐

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.

10-15-75 Spud at 10:15 a.m.

10-16-75 Set 9 jts. 13-3/8" 54.50# ST&C measured 354.91' and set at 330', cemented w/ 375 sks. Class C, 2% cc. Plugged down at 6:40 p.m. Circulated approx. 50 sks. Pressured to 800# for 30 min. held o.k. WOC - 6 hrs.

Minimum WOC - 18 hrs

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

SIGNED D. W. Allen TITLE Prod. Supt. DATE 10-21-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: