

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☒

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <i>John S. Goodrich</i>	8. Farm or Lease Name <i>Clayton</i>
3. Address of Operator <i>Lea Co. New Mexico</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>L</i> 1980 FEET FROM THE <i>S</i> LINE AND <i>660</i> FEET FROM THE <i>W</i> LINE, SECTION <i>22</i> TOWNSHIP <i>15-S</i> RANGE <i>33-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Daisy-Way Comp</i>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <i>Lea</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

31BP w/35' Cms @ 9725
100' Plug 8850-8750
100' Plug 4436-4336
100' across 12 3/4 shoe, well attempt to pull 8 5/8 Cms
25' @ surface
100' across 8 5/8 cut-

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

SIGNED *H. M. Larber* TITLE *Agent* DATE *12-2-87*

APPROVED BY *Jerry Sexton* ORIGINAL SIGNED BY JERRY SEXTON
TITLE *DISTRICT 1 SUPERVISOR* DATE *DEC 2 1987*

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DEC 2 1987

OCD
HOBBS OFFICE