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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.
7. Unit Agreement Name
8. Farm or Lease Name State 32
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat - Canyon
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 H. L. Brown, Jr.
3. Address of Operator P. O. Box 2237, Midland, Texas 79702
4. Location of Well UNIT LETTER P 660 FEET FROM THE S LINE AND 660 FEET FROM THE E LINE, SECTION 32 TOWNSHIP 15S RANGE 32E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) GL 4306'

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

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.

3-7-84 Flwd 24 hrs. on 11/64" ck. FTP 955 psig. Rec 182 B0 + 344.5 MCF gas + 0 W.
GOR 1893 CF/bbl

3-8-84 SI. WOTB.

3-15-84 Cleaning up pits and location. Building pad for tanks.

3-19-84 Setting tanks and heater treater. NMOCC approved unorthodox location for Morrow completion, this well plus 320 acre proration unit.

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

SIGNED Jean Mills TITLE Production Clerk

DATE 3-20-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE MAR 23 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 22 1984
O.C.D.
HOBBS OFFICE