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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 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 John L. Cox	8. Farm or Lease Name MEYERS
3. Address of Operator P. O. Box 2217, Midland, Texas 79702	9. Well No. 4
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>510</u> FEET FROM THE <u>South</u> LINE, SECTION <u>33</u> TOWNSHIP <u>16-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Shipp (Strawn)
15. Elevation (Show whether DF, RT, GR, etc.) 3783.7 GR	12. County Lea

16. 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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Spudding&setting surface casing ☒

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.

5-20-86: Spudded 17-1/2" hole @8:45 A.M. 5-20-86.

13-3/8", 48# Csg @411' w/450 sx cmt, Cmt circulated to surface.
Plug down @3:30 P.M. 5/20/86. WOC 12 hrs. Tstd to 500#, test
OK.
Drlg. ahead in 11" hole.

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

SIGNED [Signature] TITLE Production Mgr. DATE 5/28/86

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE JUN 2 1986