

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

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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. OIL ☐ WELL GAS ☐ WELL OTHER- <u>DRILLING</u>	7. Unit Agreement Name
2. Name of Operator <u>FORAN OIL Co</u>	8. Farm or Lease Name <u>CAUDILL</u>
3. Address of Operator <u>PO Box 50346 Amarillo Tx 79159</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>F</u> <u>2086</u> FEET FROM THE <u>N</u> LINE AND <u>2086</u> FEET FROM THE <u>W</u> LINE, SECTION <u>8</u> TOWNSHIP <u>16S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Whidcat <u>NE LOVINGTON BAW</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3837.8 GL</u>	12. County <u>LEA</u>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☒	CASING TEST AND CEMENT JOBS ☐	

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 1703.

This well was completed in the Strawn interval on 6-28-87. The well produces a large amount of water w/ little oil. We request permission to evaluate our options on this well, for a 6 month period. The well is TA while evaluating for SWD or P & A.

TA expires 8-1-88

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

SIGNED John Mafey TITLE Operations Mgr DATE 7-31-87
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE AUG 3 1987

RECEIVED
AUG 3 1987
OCD
HOBBS OFFICE