

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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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 PENNZOIL COMPANY	8. Farm or Lease Name M. H. MEDLIN
3. Address of Operator P. O. DRAWER 1828 - MIDLAND, TEXAS 79702-1828	9. Well No. 1
4. Location of Well UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>16-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Undesignated</u> <u>LOVINGTON PENN NORTHEAST</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3784.8 GR - 3800.3 RT	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 <input type="checkbox"/>	PLUG AND ABANDON <input 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 checked="" type="checkbox"/> Change Proposed Drilling Depth	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.

02-19-88: Change proposed drilling depth from 12,200' to 12,300' - Same Reservoir.

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

SIGNED Roy P. Johnson TITLE Production Accountant DATE February 19, 1988  
APPROVED BY [Signature] TITLE [Signature] DATE FEB 22 1988  
CONDITIONS OF APPROVAL, IF ANY:

940 975 503

FEB 23 1998

CCD  
HOME OFFICE