

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-77

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.
NM0775A and B

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 SOHIO PETROLEUM COMPANY	8. Farm or Lease Name MARY LOU COX 22
3. Address of Operator POST OFFICE BOX 460609, HOUSTON, TX 77056-8609	9. Well No. 1
4. Location of Well UNIT LETTER H, 2030 FEET FROM THE NORTH LINE AND 800 FEET FROM THE EAST LINE, SECTION 22 TOWNSHIP 15S RANGE 37E NMPM.	10. Field and Pool, or Wildcat WILDCAT
15. Elevation (Show whether DF, RT, GR, etc.) 3789.4 G.L.	12. County LEA

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 type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER CSG. SETTING <input checked="" 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.

CASING	DEPTH	CMT	PRESSURE	DATE
SPUD 9/20/88				
13-3/8	412'	420 SXS CL "C"	500 #	9/20/88
54.5# K55		CIRC 98 SXS TO SURFACE.	W/O CMT. 12 hr.	

cc 0 + 2 NM Oil Conservation, Hobbs
Elaine Kubicek
Karen Harvey
File

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

SIGNED Elaine Kubicek TITLE TECHNICAL ASSISTANT DATE 9/20/88

ELAINE KUBICEK
ORIGINAL SIGNED BY JERRY CLARK

APPROVED BY DISTRICT SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: