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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
Form C-103
Effective 1-1-65

HOBBS OFFICE 0000
JUN 16 3 40 PM '67

5. Indicate type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Act. Desert Unit
9. Well No. 8
10. Field and Pool, or Wildcat Desert Green
12. County Lee

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-
2. Name of Operator Elmer Oil Company
3. Address of Operator P. O. Box 110, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER N , 660 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 18S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lee

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

Well shut in pending completion of water flood.

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

Original Signed By
SIGNED G. L. WADE TITLE Area Superintendent DATE 6-16-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: