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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
 50, 51, 52, Old
 C-102 and C-103
 Effective 1-1-65
 JUN 27 10 32 AM '67

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

2. Name of Operator
Discovered Oil Company

3. Address of Operator
P. O. Box 249, Hobbs, New Mexico 88240

4. Location of Well
 UNIT LETTER **I** **1650** FEET FROM THE **South** LINE AND **990** FEET FROM
 THE **East** LINE, SECTION **29** TOWNSHIP **18S** RANGE **38E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
W. D. Grimes

9. Well No.
1

10. Field and Pool, or Wildcat
Bowers Seven Rivers

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

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"/> | LASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <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.

Well shut in pending study for remedial work or abandonment.

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

SIGNED **HAROLD G. VEST** TITLE **Area Supt.** DATE **6-20-67**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: