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NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOCC  
1-File

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator <b>GENTRY OIL COMPANY</b> 3. Address of Operator <b>P. O. BOX 249, HOBBS, NEW MEXICO</b> 4. Location of Well UNIT LETTER <b>A</b> <b>330</b> FEET FROM THE <b>North</b> LINE AND <b>330</b> FEET FROM THE <b>East</b> LINE, SECTION <b>30</b> TOWNSHIP <b>188</b> RANGE <b>38E</b> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <b>3659 GR</b>	7. Unit Agreement Name 8. Farm or Lease Name <b>H. D. McKinley</b> 9. Well No. <b>5</b> 10. Field and Pool, or Wild at <b>Hobbs San Andres Grayburg</b> 12. County <b>Lea</b>
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Fill cellar with sand** ☒

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.

**1-8-69 Filled cellar with sand. (Risers on all strings previously installed above ground level) Permanent identification tags on each riser.**

**Cellar inspected before filling by Mr. Joe D. Ramey with NMOCC on 1-7-69.**

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

ORIGINAL SIGNED BY:

SIGNED **C. L. Wade** TITLE **Area Superintendent** DATE **1-10-69**

APPROVED BY  TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: