

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

HOBBS OFFICE O. C. C.
 NEW MEXICO OIL CONSERVATION COMMISSION
 DEC 17 10 12 AM '65

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

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.)		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. State Oil & Gas Lease No.
2. Name of Operator Martindale Petroleum Corporation		7. Unit Agreement Name
3. Address of Operator Box 1955, Hobbs, New Mexico		8. Farm or Lease Name Davis
4. Location of Well UNIT LETTER <u>0</u> FEET FROM THE <u>3.3</u> LINE AND <u>3.3</u> FEET FROM THE <u>29</u> LINE, SECTION <u>29</u> TOWNSHIP <u>18E</u> RANGE <u>39E</u> NMPM.		9. Well No. 1
10. Field and Pool, or Wildcat Hobbs San Andres East		12. County Lea
15. Elevation (Show whether DF, RT, GR, etc.)		

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 <input checked="" type="checkbox"/> deepen

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.

Pulled rods and tubing, deepened 68'. New T.D. 4534'. Run tubing, rods and pump.

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

SIGNED *Jo Landucky* TITLE Agent DATE 12/17/65

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: