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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <i>Continued to 1 Oil Company</i>		8. Farm or Lease Name <i>GRIMOS</i>
3. Address of Operator <i>Box 460 Hobbs, New Mexico</i>		9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>0</i> <i>330</i> FEET FROM THE <i>South</i> LINE AND <i>2310</i> FEET FROM THE <i>East</i> LINE, SECTION <i>28</i> TOWNSHIP <i>18-S</i> RANGE <i>38E</i> NMPM.		10. Field and Pool, or Wildcat <i>Hobbs G-5A</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3639 GR</i>		12. County <i>Lea</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 JOB <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.

*Locate and squeeze casing leak with approx. 200 sq. ft. class 'C' cement. Repairs obtained by - San Andres approx. 4128-4237' and acidizing with 4000 gallons. Restore well to production.*

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

SIGNED <i>M. E. Hinkle</i>	TITLE <i>Adm. Sec. Chief</i>	DATE <i>7-17-70</i>
APPROVED BY <i>[Signature]</i>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		