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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65
N. M. O. C. C.

MAY 28

4. Indicate Type of Lease
State PN 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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL COMPANY, INC.	8. Farm or Lease Name State "AF"
3. Address of Operator Post Office Box 1069 - Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER M 660 FEET FROM THE West LINE AND 510 FEET FROM THE South LINE, SECTION 8 TOWNSHIP 18-S RANGE 35-E N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Abo & Devonian
15. Elevation (Show whether DF, RT, GK, etc.)	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER **Temporarily abandon Abo Reef** ☒

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.

Upon approval we temporarily abandoned Abo Reef and completed as a single as follows:

1. Rigged up. Pulled tubing, rods and dual packer.
2. Ran lock set single production packer to 8658' and isolated Abo perms. (Lower Model D set at 11,350'.)
3. Ran hydraulic pump to produce lower Devonian and tested.
4. Placed well on production.

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

SIGNED Original Signed by Sheldon Ward TITLE Area Superintendent DATE 5-27-69
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: