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LAND OFFICE	
OPERATOR	

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E 7723	

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 - 1" (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 P. O. Box 4067, Midland, Texas 79701		9. Well No. 13
4. Location of Well UNIT LETTER L 1980 south 990 THE West East LINE, SECTION 8 TOWNSHIP 18-S RANGE 35-E N.M.P.M.		10. Field and Pool, or Wildcat East Vacuum W.C.
15. Elevation (Show whether DF, RT, GR, etc.) 3915.6 GR		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Install artificial lift

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. Electrify location and build pad for Mark 456 pumping unit.
2. Installed pumping unit.
3. MIRUPU. Install BOPE.
4. Ran 2 7/8" tubing to 3964'. SN @ 5964'.
5. Run pump and rods.
6. Install wellhead. RDPU.
7. Put well on pump.

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

SIGNED W. J. McClintock TITLE Dist. Operations Supt. DATE 12-14-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: