

|                       |                |
|-----------------------|----------------|
| NO. _____             | RECEIVED _____ |
| DISTRICT OFFICE _____ |                |
| COUNTY OFFICE _____   |                |
| STATE OFFICE _____    |                |
| DATE _____            |                |

# NEW MEXICO OIL CONSERVATION COMMISSION

JAN 11 1 14 PM '66

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

|                                                                                                                                                                                                                           |  |                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|
| <p><b>8. DAY NOTICES AND REPORTS ON WELLS</b><br/>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - "A" (FORM C-101) FOR SUCH PROPOSALS.)</p> |  | <p>5a. Indicate Type of Lease<br/>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> |
| <p>1. Name of Operator<br/><b>Singular Oil &amp; Gas Company</b></p>                                                                                                                                                      |  | <p>5. State Oil &amp; Gas Lease No.<br/><b>E-1582</b></p>                                                    |
| <p>2. Address of Operator<br/><b>P.O. Box 1920, Hobbs, New Mexico</b></p>                                                                                                                                                 |  | <p>7. Unit Agreement Name</p>                                                                                |
| <p>3. Location of Well<br/>UNIT LETTER <b>C</b> <b>735</b> FEET FROM THE <b>South</b> LINE AND <b>2055</b> FEET FROM<br/>TOWNSHIP <b>18S</b> RANGE <b>35E</b> NMPM.</p>                                                   |  | <p>8. Farm or Lease Name<br/><b>State Lea 403</b></p>                                                        |
| <p>15. Elevation (Show whether DF, RT, GR, etc.)<br/><b>3915' GR</b></p>                                                                                                                                                  |  | <p>9. Well No.<br/><b>7</b></p>                                                                              |
| <p>12. County<br/><b>Lea</b></p>                                                                                                                                                                                          |  | <p>10. Field and Pool, or Wildcat<br/><b>Undesignated</b></p>                                                |

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

|                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> | <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> | <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input checked="" type="checkbox"/></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

Describe in brief or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.)

12-23-65 - Well Depth Reached 12-23-65, 10,946'.

12-13-65 - Upper Wolfcamp 9690-9770' 5/8" X 1" choke, no water cushion, open 2 hours w/weak blow increasing to fair blow in 20 mins. Gas to surface in 55 mins. @ rate of 50 MCF day. Recovered 500' gas cut mud, slightly oil cut, plus 4720' sulphur salty water (40000 PPM Chlorides). 5" IOFP 212#, 1 hr. ISIP 3150#, IOFP 340#, FFP 2393#, Hyd. Press. 4331 & 4331. Temp. 155°. DST No. 2. Lower Wolfcamp 10,100-10,183' 5/8" X 1" choke, no water cushion, open 2 hrs. w/weak blow throughout test. Recovered 120' Drilg mud, 180' muddy sulphur water. 5" IOFP 78#, 1 hr. ISIP 3440#, 2 hr. IOFP 98#, FFP 1375, 2 hr. FSIP 2340#. Hyd. Press. 4429 & 4429. Temp. 160°. DST No. 3. Lower Wolfcamp 10,185-10,350' Packer Failed. DST No. 4. Lower Wolfcamp 10,198-10,350' 5/8" X 1" choke, no water cushion, open 2 hours w/good blow decreasing to weak at end of test. Recovered 450' muddy sulphur water, 4860' salty sulphur water, 5" IOFP 239#, 1 hr. ISIP 3507#, 2 hr. IOFP 473#, FFP 2504#, 2 hr. FSIP 3483#, Hyd. Press. 4754 & 4754, Temp. 175°. DST No. 5. Upper Wolfcamp 9300-9450' 5/8" X 1" choke, no water cushion, open 2 hrs. w/weak blow, dead in 30 mins. Recovered 40' Drilg mud, 5" IOFP 29#, 1 hr. ISIP 299#, 2 hrs. IOFP 29#, FFP 44#, 2 hrs. FSIP 74#. Hyd. Press. 4294 & 4294, Temp. 155°.

Cont'd on Attached

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

TITLE Superintendent DATE 1-6-66

Signed by John W. Runyan TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONTENTS OF APPROVAL, IF ANY: \_\_\_\_\_

cc: Hobbs, cc: State Land Office, cc: Regional Office, cc: file