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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 12-25-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.
E 1632 - 1

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 Anadarko Production Company	8. Farm or Lease Name New Mexico "U" State
3. Address of Operator P. O. Box 116 Loco Hills, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER 1 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 18 RANGE 34 E NMPM.	10. Field and Pool, or Wildcat EK Queen East
15. Elevation (Show whether DF, RT, GR, etc.) 4023.3 GL	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 JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Set surface casing.

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.

Spudded in at 4:00 PM on 8/14/68. Drilled to TD of 368'.
Set 368' of 8 5/8" 24.0# casing. Cemented w/250 sks of
type H cement w/2% CaCl. Wait 12 hours on cement. Drill
out.

11 pages to follow

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

SIGNED **D. R. Layton** TITLE **District Superintendent** DATE **9-21-68**

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: