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NEW MEXICO OIL CONSERVATION COMMISSION

3-1100CC
1-File

Dec 31 3 20 PM '69

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 GRIFF OIL COMPANY		8. Farm or Lease Name H. D. Mc Kinley	
3. Address of Operator P.O. Box 249, Hobbs, New Mexico		9. Well No. 11	
4. Location of Well UNIT LETTER A 760 FEET FROM THE North LINE AND 550 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 18 S RANGE 38 E NMPM.		10. Field and Pool, or Wildcat Undesignated	
15. Elevation (Show whether DF, RT, GR, etc.) 3650 GR		12. County Lea	

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 checked="" type="checkbox"/>	OTHER <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.

Spudded 12-19-69. Drilled 17-1/2" hole to 383'. Set 13-3/8" 48# N-40 Casing at 379'. Cemented with 400 sacks Class "C" with 2% Cacl and 1/4# floccle per sack. Circulated 60 sacks to surface. WOC 18 hours. Tested casing with 800# for 30 minutes, no drop in pressure.

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

ORIGINAL SIGNED BY:

SIGNED C. L. Wado TITLE Area Superintendent DATE 12-24-69

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: