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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. W-967

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name	
2. Name of Operator Oil, Gas & Mill Company	8. Farm or Lease Name New State	
3. Address of Operator 3206 North Main Street Dallas, Texas	9. Well No. 1	
4. Location of Well UNIT LETTER 24 , 330 FEET FROM THE 10-1 LINE AND 330 FEET FROM THE 001 LINE, SECTION 32 TOWNSHIP 18N RANGE 39E NMPM.	10. Field and Pool, or Wildcat Porter (San Anselmo)	
15. Elevation (Show whether DF, RT, GR, etc.) 3590 LP	12. County Dea	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

Set 1 1/2" O. L. J-55 10.5' new casing at 1503' with 250 ex. in 7 7/8" hole.
Tested on 11-11-71 1500# OK. VCC 1 days

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED [Signature]	TITLE Prod. Mgr.	DATE 1-11-71

APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		