

| | |
|------------------------|--|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form 6-193
Supersedes 6m
C-102 and C-103
Effective 5-1-66
MAY 13 7 54 AM '66

| |
|--|
| 5a. Indicate Type of Lease |
| State <input checked="" type="checkbox"/> Fee <input 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 TEXAS PACIFIC OIL COMPANY | 8. Farm or Lease Name State "AB" |
| 3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico | 9. Well No. 1 |
| 4. Location of Well UNIT LETTER E, 660 FEET FROM THE West LINE AND 1980 FEET FROM East Vacuum THE North LINE, SECTION 36 TOWNSHIP 17-S RANGE 35-E NMPM. | 10. Field and Pool, or Wildcat East Vacuum |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3894' GL | 12. County Lea |

| | |
|--|---|
| 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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |
| OTHER <input type="checkbox"/> | OTHER TEMPORARILY ABANDONED <input checked="" 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.

HELD FOR POSSIBLE REMEDIAL WORK.

| | | |
|--|---------------------------|--------------|
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
| SIGNED Original signed by: Sheldon Ward | TITLE Area Superintendent | DATE 5-10-66 |
| APPROVED BY | TITLE | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | | |