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HOBBBS OFFICE O. C. C.
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 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 - 1" (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 Jake L. Hamon	8. Farm or Lease Name J.G. Cox
3. Address of Operator 908 Vaughn Building, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 13 TOWNSHIP 17-S RANGE 38-E NMPM.	10. Field and Pool, or Wildcat South Knowles Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3702' GR	12. County Lea

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and including estimated date of starting any proposed work) SEE RULE 1103.

Propose to:

Set cast iron Bridge plug in 5-1/2" casing @ 12,000' and dump 15 lb cement on top of bridge plug.

Pull 5-1/2" Casing.

Set cement plugs as follows:

25 sack in stub of 5-1/2" casing,
25 sacks at 8360' (T/Tubb),
25 sacks at 6760' (T/Gloria),
25 sacks at 5000', in bottom of 9-5/8" casing,
10 sacks in top of 9-5/8" casing w/4" pipe marker.

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

SIGNED [Signature] TITLE Production Superintendent DATE 4-24-69

APPROVED BY [Signature] TITLE Supervisor DATE 4-24-69

CONDITIONS OF APPROVAL, IF ANY: