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OPERATOR	

# 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.
7. Unit Agreement Name
8. Farm or Lease Name Ora Jackson "A"
9. Well No. 2
10. Field and Pool, or Wildcat Scharb Bone Springs
12. County Lea

**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"/>
2. Name of Operator Big "6" Drilling Company
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240
4. Location of Well UNIT LETTER <u>C</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>8</u> TOWNSHIP <u>19 S</u> RANGE <u>35 E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3879 KB

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 <u>Plug Back &amp; Perforate</u> <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 JOBS <input 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.

It is proposed to set Cast Iron Bridge Plug at 10,000,  
perforate Upper Bone Springs at selected intervals  
and acidize.

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

SIGNED <u>Jerry Sexton</u>	TITLE <u>Agent</u>	DATE <u>1/19/83</u>
ORIGINAL SIGNED BY JERRY SEXTON		
APPROVED BY <u>DISTRICT 1 SUPR.</u>	TITLE _____	DATE <u>JAN 19 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

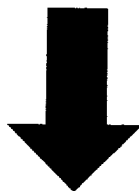
JAN 18 1963

ALL  
HOBBS OFFICE

**Job separation sheet**



**LTR**



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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

FORM C-110  
(Rev. 7-60)

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

HOBBS OFFICE N. M. C. C.  
MAY 14 3 10 PM '64

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Big "6" Drilling Company</b>				Lease <b>Ora Jackson "A"</b>		Well No. <b>2</b>	
Unit Letter <b>C</b>	Section <b>8</b>	Township <b>19 S</b>	Range <b>35 E</b>	County <b>Lea</b>			
Pool <b>Scharb Bone Springs</b>				Kind of Lease (State, Fed, Fee) <b>Fee</b>			
If well produces oil or condensate give location of tanks		Unit Letter <b>C</b>	Section <b>8</b>	Township <b>19 S</b>	Range <b>35 E</b>		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected <b>3/7/64</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa 2, Oklahoma</b>				
Warren Petroleum Corporation							

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING** (please check proper box)

New Well ..... ☐  
Change in Transporter (check one)  
Oil ..... ☐ Dry Gas .... ☐  
Casing head gas . ☐ Condensate . . ☐

Change in Ownership ..... ☐  
Other (explain below) ☒

Remarks

**To change pool designation to Scharb Bone Springs.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 14th day of May, 19 64.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

**A. L. Smith**

**Agent**

**Big "6" Drilling Company**

**5% OIL REPORTS & GAS SERVICES  
BOX 763 HOBBS, NEW MEXICO**