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LAND OFFICE	
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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-8428
7. Unit Agreement Name
8. Farm of Lease Name
9. Well No.
10. Field and Pool, or Wildcat
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 A. C. Holder
3. Address of Operator Box 1476, Lovington, New Mexico 88260
4. Location of Well UNIT LETTER G , 1980 FEET FROM THE N LINE AND 1980 FEET FROM THE E LINE, SECTION 30 TOWNSHIP 17-S RANGE 36-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3881 GR

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 Install electrical power <input checked="" 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 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.

Removed ajax gas engine and installed a 40 hourse power electric motor and controls

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

SIGNED A.C. Holder	TITLE Operator	DATE April 7, 1969
APPROVED BY [Signature]	TITLE SUPERVISOR DIST. 1	DATE APR 9 1969
CONDITIONS OF APPROVAL, IF ANY		