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NEW MEXICO OIL CONSERVATION COMMISSION

Orig 4/20/68  
 2:13 PM '68  
 MCCC  
 cc: File

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. <b>B-1565</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State "B"</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Scharb Bone Spring</b>
12. County <b>Leon</b>

**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 <b>GENTRY OIL COMPANY</b>
3. Address of Operator <b>P. O. BOX 249, HOBBS, NEW MEXICO</b>
4. Location of Well UNIT LETTER <b>K</b> <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>12</b> TOWNSHIP <b>19S</b> RANGE <b>34E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3992.8 OR</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK   
 TEMPORARILY ABANDON   
 PULL OR ALTER CASING   
 OTHER \_\_\_\_\_

PLUG AND ABANDON   
 CHANGE PLANS

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

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.

**Moren Drilling Company spudded 6:45 AM 9-4-68. Drilled 17-1/2" hole to 431'. Set 13-3/8" 48# K-40 SS Casing at 427'. Cemented with 450 sacks Class "C" with 2% Guel and 1/4# floccle per sack in first 250 sacks. Cement circulated. WOC 18 hours, tested 13-3/8" at 600# for 30 minutes, no drop in pressure.**

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

ORIGINAL SIGNED BY:

SIGNED C. L. Wade

TITLE Area Superintendent

DATE 9-17-68

APPROVED BY John W. Runyon

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: