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HOBBS OFFICE O.C.C.
 APR 29 11 00 AM '69
 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. OG-2416
7. Unit Agreement Name
8. Farm or Lease Name Hooper "B"
9. Well No. 1
10. Field and Pool, or Wildcat Scharb
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 Charles B. Read
3. Address of Operator P. O. Box 2126, Roswell, New Mexico 88201
4. Location of Well UNIT LETTER <u>M</u> <u>801.4</u> FEET FROM THE <u>South</u> LINE AND <u>791.17</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>19S</u> RANGE <u>35E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3933.8 GL

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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.

4-1-69: Ran 97 jts 8 5/8", J-55, 32#, 28# & 24# FWPS csg. 3999' set @ 3990' RKB. Cmt w/150 sx Class C Poz w/2% gel, 8# salt per sx & 100 sx Class C w/2% CaCl, 8# salt per sx. Plug down @ 8:10 PM. WOC 18 hrs. Press test to 1500# for 30 min. Test OK.

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

SIGNED [Signature] TITLE Agent DATE 4-3-69
 APPROVED BY [Signature] TITLE DATE
 CONDITIONS OF APPROVAL, IF ANY: