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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. LG-3230
7. Unit Agreement Name
8. Farm or Lease Name Tonto St. Com.
9. Well No. 1
10. Field and Pool, or Wildcat Gem (Morrow)
12. County Lea

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - "A" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator  
InterNorth, Inc.

Address of Operator  
403 Wall Towers West, Midland, Texas 79701

Location of Well  
UNIT LETTER J 1980 FEET FROM THE South LINE AND 2200 FEET FROM East THE LINE, SECTION 32 TOWNSHIP 19-S RANGE 33-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3569.5' GL

6. 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 checked="" type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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.

Unable to obtain rig to drill before 11-15-80.

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

SIGNED *Larry Hudson* TITLE Production Clerk DATE 10-24-80

COPIED BY *Jerry Sexton* DATE 10-24-80

CONDITIONS OF APPROVAL, IF ANY: