

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-025-29774
Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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 ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Hamon Operating Company	8. Farm or Lease Name Norris
3. Address of Operator 3900 Republic Bank Bldg., 325 N. St. Paul, Dallas, Tx. 75201-3902	9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>2290</u> FEET FROM THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>17-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Undesignated Knowles, SE Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3665' GR 3679' KB	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☒
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.

Spudded well @ 7:30 AM, 11-14-86

1. Drilled 17 1/2" hole to 317'

2. Set 13 3/8" 48#; 54,50# Casing @ 316' KB.

3. Cemented w/ 315 sx, Class "C" + 2% CoCl by Western Co. 11-15-86
Circulated 50 sx, Cmt. to surface.

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

SIGNED [Signature] (B.W. Cozart) 915/697-1762
TITLE Dist. Op. Supt.

DATE 11-16-86

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: