

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30647

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. 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. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
Helmerich & Payne, Inc.

3. Address of Operator  
P. O. Box 548

4. Well Location  
Unit Letter J : 1950 Feet From The East Line and 1950 Feet From The South Line  
Section 7 Township 18 S Range 32 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

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

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. 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.

1 - 10" 3000 PSI W.P. HYDRILL ANNULAR PREVENTOR  
1 - 10" 3000 PSI W.P. SHAEFFER DOUBLE RAM PREVENTOR  
1 - SPOOL TO CASINGHEAD

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

SIGNATURE Jerry B. Patton TITLE DISTRICT PROD. SUPT. DATE October, 26, 19  
TYPE OR PRINT NAME JERRY B. PATTON TELEPHONE NO. 915/639-2526

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE

CONDITIONS OF APPROVAL, IF ANY:

**OCT 30 1989**  
**OCT 30 1989**

RECEIVED

OCT 27 1989

OCD  
HOBBS OFFICE