

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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 type="checkbox"/> Federal <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LGO 46164B

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Millard Deck	8. Farm or Lease Name Federal "A" Acct. 1
3. Address of Operator P.O. Box 1047, Lunica, New Mexico 88231	9. Well No. 3
4. Location of Well UNIT LETTER <u>1</u> , <u>1900</u> FEET FROM THE <u>North</u> LINE AND <u>600'</u> FEET FROM THE <u>East</u> LINE, SECTION <u>27</u> TOWNSHIP <u>20S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat <u>7 Rivers Queen</u> <u>Eumont Yates</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3592' OF	12. County Tina

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Return well to production status ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

1. Rigged up well servicing unit.
2. Ran tubing, rods and pump.
3. Placed well on production.

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

SIGNED Millard Deck TITLE Owner-Operator DATE Jan. 3, 1973

FOR RECORD ONLY

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: