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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 type="checkbox"/> Federal Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. NM 18264

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 "D" Acct B
3. Address of Operator P. O. Box 1047, Eunice, New Mexico 88231	9. Well No. 11
4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 20S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Eumont Yates 7 Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3615' DF	12. County Lea

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Return well to producing status. <input checked="" 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.

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 August 8, 1973

FOR RECORD ONLY

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: