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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

AUG 2 11 24 AM '66

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-11297-2	

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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.)</p>		
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>		7. Unit Agreement Name
<p>2. Name of Operator Artee Oil & Gas Company</p>		8. Farm or Lease Name State E-33
<p>3. Address of Operator P. O. Box 837, Hobbs, New Mexico</p>		9. Well No. 1
<p>4. Location of Well</p> <p>UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM</p> <p>THE West LINE, SECTION 33 TOWNSHIP 20-S RANGE 36-E N.M.P.M.</p>		10. Field and Pool, or Wildcat Eminent
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3605 KB</p>		12. County LEA

<p align="center">16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>			
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"/>		COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <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.

This well is temporarily abandoned awaiting waterflood development.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
original signed by:			
SIGNED	LESTER L. DUKE	TITLE	District Superintendent
	Lester L. Duke		DATE 8/2/66
APPROVED BY		TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:			