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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
Forms C-102 and C-103
Effective 1-1-65

HOBBS OFFICE O. C. O.
Nov 18 3 40 PM '65

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator C. L. WADE	8. Farm or Lease Name Buck Mount Mine
3. Address of Operator P. O. Box 100, Hobbs, New Mexico 88240	9. Well No. 36
4. Location of Well UNIT LETTER <u>M</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>10</u> TOWNSHIP <u>19S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Buck Mount Mine
15. Elevation (Show whether DF, RT, GR, etc.)	12. County

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input 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.

The well is being plugged and abandoned.

THE COMMISSION MUST BE NOTIFIED
BY MAIL IN FORM C-103
AT THE WELL STATUS AND YOUR
REPORTS FOR THIS WELL.

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

Original Signed By
SIGNED C. L. WADE TITLE Operator DATE 11-18-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: