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# NEW MEXICO OIL CONSERVATION COMMISSION

3-401XCC  
1-FILE

HOBBS OFFICE  
Jun 16 3 51 PM '67  
Form C-103  
Replaces Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	State <input type="checkbox"/>	Fee <input type="checkbox"/>
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
3. Address of Operator	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER <u>I</u> . <u>660</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE, SECTION <u>16</u> TOWNSHIP <u>19S</u> RANGE <u>37E</u> NMPM.	12. County
15. Elevation (Show whether DF, RT, GR, etc.)	

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

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

Well shut in pending development of water flood.

WELL STATUS  
FUTURE PLANS 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  
C. L. WADE

SIGNED \_\_\_\_\_ TITLE Area Superintendent DATE 6-15-67

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: