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NEW MEXICO OIL CONSERVATION COMMISSION  
HOBBS OFFICE O.C.C.

SEP 1 11 38 AM '67

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name <b>Luthy "A" State</b>
9. Well No. <b>2</b>
10. Field and Pool, or Wildcat <b>Monument (GB-SA)</b>
12. County <b>Lea</b>

**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"/>
2. Name of Operator <b>Southern Petroleum Exploration, Inc.</b>
3. Address of Operator <b>Box 515 Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>B</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>29</b> TOWNSHIP <b>19 S</b> RANGE <b>37 E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>DF 3636</b>

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" 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"/>	OTHER <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.

**We wish to temporarily abandon this well since no production can be obtained from it at this time.**

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

SIGNED <b>D. D. Singleton</b>	TITLE <b>Production Supt</b>	DATE <b>8-30-67</b>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		