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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 16 3 54 PM '67

Form C-103
Supersedes 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator		8. State of Lease
3. Address of Operator		9. Well No.
4. Location of Well		10. Field and Pool or Wildcat
UNIT LETTER A FEET FROM THE North LINE AND 985 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 19S RANGE 37E NMPM.		12. County
15. Elevation (Show whether DF, RT, GR, etc.)		

16.

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 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.

THE COMMISSION MUST BE NOTIFIED
EVERY 6 MONTHS ON FORM C-103
AS TO THE WELL STATUS AND YOUR
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

SIGNED C. L. WADE TITLE _____ DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: