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NEW MEXICO OIL CONSERVATION COMMISSION

3-1000CC
1-File

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. | |

| | | |
|--|---|--------------------------|
| <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> | | |
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> | 7. Unit Agreement Name | |
| 2. Name of Operator GRIFF OIL COMPANY | 8. Farm or Lease Name EAST BENT UNIT | |
| 3. Address of Operator P. O. BOX 249, BOMBAS, NEW MEXICO | 9. Well No. 104 | |
| 4. Location of Well UNIT LETTER N . 330 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 19S RANGE 37E NMPM. | 10. Field and Pool, or Wildcat Bent Queen | |
| 15. Elevation (Show whether DF, RT, GR, etc.) | | 12. County Lea |

| | | | |
|--|---|---|---|
| 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 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 checked="" type="checkbox"/> NIO Well |

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 previously NIO, has been placed back in operation.

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 Area Supt. DATE 1-24-69

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY _____