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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 9 1967

9a. Indicate Type of Lease State <u>Oil</u> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-2330
7. Unit Agreement Name
8. Farm or Lease Name
9. Well No. 112
10. Field and Pool, or Wildcat
12. County

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
3. Address of Operator
4. Location of Well UNIT LETTER <u>Q</u> <u>1998</u> FEET FROM THE <u>North</u> LINE AND <u>1975</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3606 MD

16.

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

NOTICE OF INTENTION TO:

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

PLUG AND ABANDON <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>

SUBSEQUENT REPORT OF:

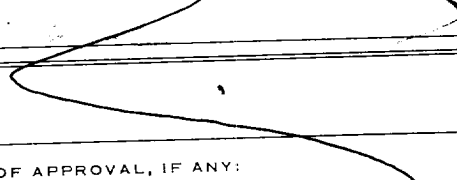
REMEDIAL WORK <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>

ALTERING CASING <input type="checkbox"/>
PLUG AND ABANDONMENT <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.

Pulled rods and tubing. Ran bit and scraper to 3880'. Set 2-3/8" internally plastic coated tubing at 3729', and Johnson 101-S packer at 3694'.

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

SIGNED 	TITLE <u>Operator</u>	DATE <u>8/9/67</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		