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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 13 11 35 AM '65

5a. Indicate Type of Lease
State ☐ Fee ☒

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Samedan Oil Corporation	8. Farm or Lease Name Byers
3. Address of Operator 2207 Wilco Bldg. - Midland, Texas	9. Well No. 3
4. Location of Well UNIT LETTER A , 620 FEET FROM THE North LINE AND 1290 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.	10. Field and Pool, or Wildcat Hobbs (S.A.-G.)
15. Elevation (Show whether DF, RT, GR, etc.) 3605 GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☒
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Form C-103 approved by commission 8-2-65 to repair split in 5½" oil string casing by using the Bowen Casing Patch method. Instead of repairing old casing, operator now plans to run new oil string consisting of 4½" 12.6# J-55 Hydril PJ Casing. Casing will be set through the Grayburg Section and cemented to surface. Required WOC time and pressure tests will be made. Grayburg Zone will then be selectively perforated.

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

SIGNED **G. W. Putnam** *G. W. Putnam* TITLE **Division Production Superintendent** DATE **August 10, 1965**

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: