

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.

30-025-24997

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2770

7. Lease Name or Unit Agreement Name

Hanson State

8. Well No.

1

9. Pool name or Wildcat

Wildcat Morrow

**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. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

TOCO, L.L.C.

3. Address of Operator

P.O. Box 888, Hobbs, NM 88241

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 13

Township 20S

Range 32E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3534' GR

11.

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Return to Production ☒

12. 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 was recompleted in the Morrow, 13,032-13,066', 5/7/94.  
The well was shut in waiting on pipeline connection.

This is to notify you the gas connection was made 9/1/94 and  
the well began producing at this time.

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

SIGNATURE

Deborah McKelvey

TITLE

Agent

DATE

2/6/95

TYPE OR PRINT NAME

Deborah McKelvey

TELEPHONE NO.

392-7050

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

FEB 08 1995

CONDITIONS OF APPROVAL, IF ANY: