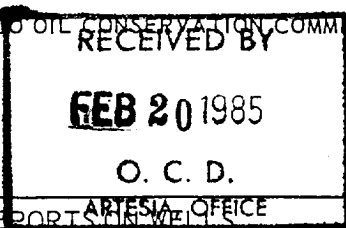


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION



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

5a. Indicate Type of Lease  
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS  
(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TXO Production Corp.	8. Farm or Lease Name Jordan "B"
3. Address of Operator 900 Wilco Bldg., Midland, TX 79701	9. Well No. 1
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 20-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat West Osudo Morrow Gas
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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 JOBS <input checked="" 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.

1-22-85 thru 1-29-85 Drilling. 1-30-85 rn 52 jts 4 1/2" 13.5# N-80 LT&C. 1-31-85 cmt w/275 sx "H" 50/50 poz, 2% gel, 4/10% Halid 22, 5# KCL. 2-1-85 thru 2-2-85 WOC. 2-3-85 thru 2-9-85 WOCU. 2-10-85 Test seals to 1500# OK. 2-11-85 Tagged Up. Lost circulation.

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

SIGNED Celicia Henderson TITLE Engr. Asst. DATE 2-18-85

ORIGINAL SIGNED BY JERRY SEXTON  
APPROVED BY DISTRICT 1 SUPERVISOR TITLE \_\_\_\_\_ DATE FEB 26 1985  
CONDITIONS OF APPROVAL, IF ANY: