| NO. OF COPIES RECEIVED | | | |
|--|---|---|--|
| • • • • • • • • • • • • • • • • • • • | - | | Form C-103 Supersedes Old |
| DISTRIBUTION | _ | | C-102 and C-103 |
| SANTA FE | NEW MEXICO OIL CONS | SERVATION COMMISSION | Effective 1-1-65 |
| FILE | | · · · · · | |
| U.S.G.S. | | | 5a. Indicate Type of Lease |
| LAND OFFICE | _ | Ver Ville R 1139 | State Fee, X |
| OPERATOR | | | 5. State Oil & Gas Lease No. |
| | | | |
| SUND (00 NOT USE THIS FORM FOR PA USE "APPLICA | RY NOTICES AND REPORTS ON ROPODALS TO TRILL OF TO DEEPEN OR FILLS F TICS FOR PERMIT _" (FORM C-101) FOR SUC | WELLS MACK TO A DIFFERENT RESERVOIR. CH PROPOSALS.) | |
| 1. | | | 7. Unit Agreement Name |
| OIL X GAS WELL | OTHER- | | |
| 2. Name of Operator | | | 8. Farm or Lease Name |
| | 1 Corporation | | E. O. Carson |
| 3. Address of Operator | | | 9. Well No. |
| Box 633, 1 | Midland, Texas | | 15 |
| 4. Location of Well | - | | 10. Field and Pool, or Wildcat |
| C | 731 North | 2051 | Paddock |
| | | | |
| West | 33 21-S | 37-E | |
| THELINE, SECT | ION TOWNSHIP | RANGE NMPM | -ΑΠΠΠΠΠΠΠΠΑ |
| | 15, Elevation (Show whether | DE PT CP etc.) | VIIIIIIIIIIIIIIIIIIIIII |
| | 3471 Gr | | 12. County Lea |
| 1°. Check | Appropriate Box To Indicate N | ature of Notice. Report or Or | her Data |
| NOTICE OF I | INTENTION TO: | | T REPORT OF: |
| | | CODOLQOLIN | r ker okt of: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS | CASING TEST AND CEMENT DA THEAD | |
| OTHER | г - | OTHER Surface | |
| | | | |
| | | L | the second s |

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 1903.

Casinghead connections were raised to surface and tagged. Cellar was filled with dirt. The job was inspected by N.M. OCC. Les Clements.

| 8. I hereby certify that the information above is true and compl. | Authorized Agent | 9-8-69 Date |
|---|---------------------|----------------|
| PPROVED BY ATTICE | SUPERVISOR UNITAL . | SEP 15 1969 |
| ONDITIONS OF APPROVAL, IF ANY: | | |

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