

Corrected Report as shown on C-105 dated 10-3-72
filling summary attached) *EL 10-3-72*

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-75

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SENT TO	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REEVEIN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		5a. Indicate Type of Lease
2. Name of Operator		5. State Oil & Gas Lease No.
3. Address of Operator		7. Unit Agreement Name
4. Location of Well		8. Form or Lease Name
UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>860</u> FEET FROM		9. Well No.
THE <u>West</u> LINE, SECTION <u>33</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> RMPM.		10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)		McCormack Silurian
3464 GR		12. County
16.		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 ☐
OTHER ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒
Zone

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.

9-13-72 Set Baker 7" Cast Iron Bridge Plug at 7000'; capped with 20' of cement.

This well is now completed in the Paddock as an oil well

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

SIGNED Christine O. Tucker

TITLE Proration clerk

DATE 1-24-74

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: