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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

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 <small>(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.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator ANDREWS PRODUCTION COMPANY	8. Farm or Lease Name CORRIGAN
3. Address of Operator BOX 367, ANDREWS, TEXAS 79714	9. Well No. 1 2
4. Location of Well UNIT LETTER <u>I</u> <u>1980</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>33</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Paddock
11. Elevation (Show whether DE, RT, GR, etc.) 3449' GL	12. County LEA

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <u>Well Status</u> <input checked="" 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.

Well shut-in 11-71
 Zone ceased commercial production.
 Uneconomical to produce.
 Well to remain in S-I status pending
 decision by Central Munkard unit operator (Buef)
 who has call on well base for unit
 operations.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNED <u>Roy R. Yorkum</u>	TITLE <u>ADMINISTRATIVE ASSISTANT</u>
OF 2. NMOCC-H 1- DIV 1- SUSP 1- R24 1- CO. CORP. MICHAEL	DATE <u>MAR 17 1975</u>
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____ DATE _____