

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State ☒ For ☐
5. State Oil & Gas Lease No. V-36
7. Unit Agreement Name
8. Farm or Lease Name NM F State
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated
12. County Lea

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator MARTINDALE PETROLEUM CORPORATION
3. Address of Operator P. O. BOX 2403, HOBBS, NEW MEXICO 88241-2403
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 20S RANGE 38E NMPK

15. Elevation (Show whether DF, RT, GR, etc.)

3576' DF

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

16. 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.

08/06/81 Backfilled & cleaned up pit.

08/11/81 Cemented using Class "C" cement - 100' plug 4200'-4100' above perforations 4281'-4355', cemented using Class "C" cement - 100' plug 1600'-1500' above top salt, cemented using Class "C" cement - 10sx surface plug with regulation marker.

Location will be leveled and cleared of junk.

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

SIGNED Judy Andrusky TITLE Drlg. & Prod. Clerk DATE August 31, 1981

APPROVED BY A. H. Stettin TITLE OIL & GAS INSPECTOR DATE JUL 2 1982

CONDITIONS OF APPROVAL, IF ANY: