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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Superseded by
C-102 and C-103
Effective 1-1-65
MAY 23 9 59 AM '66

| | |
|---|------------------------------|
| 5a. Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| NM 2A | |

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | | 7. Unit Agreement Name |
| 2. Name of Operator TEXAS PACIFIC OIL COMPANY | | 8. Farm or Lease Name State "A" A/c-2 |
| 3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico | | 9. Well No. 60 |
| 4. Location of Well UNIT LETTER <u>A</u> , <u>890</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>9</u> TOWNSHIP <u>22-S</u> RANGE <u>36-E</u> NMPM. | | 10. Field and Pool, or Wildcat Wildcat |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3571.3' GL | | 12. County Lea |

16.

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

NOTICE OF INTENTION TO:

| | |
|-----------------------|--------------------------|
| 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"/> |
| OTHER | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|----------------------------|-------------------------------------|----------------------|--------------------------|
| REMEDIAL WORK | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. | <input checked="" type="checkbox"/> | PLUG AND ABANDONMENT | <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB | <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. Spudded 10:45 AM 5-19-66.

2. Ran 35 Jts. 8-5/8" 28# H-40 Casing. Set @ 1515'.

3. Cemented w/500 sks. incor + 4% Gel. + 2% Calcium Chloride. Pumped plug down 11:40 PM 5-20-66. Cemented Circulated.

4. W.O.C. 24 hrs. Test Casing to 1000# pressure for 30 min. Test O.K.

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

SIGNED Richard Starn TITLE Area Superintendent DATE 5-23-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: