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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

110885 01-1-67
JUN 29

| |
|--|
| 2. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. NMJ-531 |

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. Unit Agreement Name |
| 2. Name of Operator TEXAS PACIFIC OIL COMPANY | 8. Farm or Lease Name S. E. Cone |
| 3. Address of Operator P. O. Box 1069 - Hobbs, New Mexico | 9. Well No. 4 |
| 4. Location of Well UNIT LETTER I 2210 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 21-S RANGE 37-E N.M.P.M. | 10. Field and Pool, or Wildcat Wantz Abo |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3382.2' GR | 12. County Lea |

16.

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 ☐

SUBSEQUENT REPORT OF:

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

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. Spud well 6-20-67. Drilled 12-1/4" hole.
2. Ran 30 jts. 8-5/8" 24# casing. Set @ 1265'.
3. Cemented w/270 sks. Hewco + 250 sks. Class C.
4. Pumped plug to 1225'. Cement Circulated W.O.C. 18 hrs.
5. Tested casing to 800#. Tested O.K.

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

SIGNED Calvin J. [Signature] TITLE **Area Superintendent** DATE **6-28-67**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: