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# 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 ☒ Fee ☐

5. State Oil & Gas Lease No.

B 1167

## 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"/> <b>Later disposal well</b>	7. Unit Agreement Name
2. Name of Operator <b>Wilson Oil Company</b>	8. Farm or Lease Name <b>Shell-St</b>
3. Address of Operator <b>Box 457 Artesia, New Mexico 88210</b>	9. Well No. <b>13</b>
4. Location of Well UNIT LETTER <b>H</b> , <b>1980</b> FEET FROM THE <b>N</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>13</b> TOWNSHIP <b>21</b> RANGE <b>34</b> NMPM.	10. Field and Pool, or Wildcat <b>Wilson Y-7R</b>
15. Elevation (Show whether DF, RT, CR, etc.)	12. County <b>Lea</b>

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 ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER **Change from disposal TA** ☒

SUBSEQUENT REPORT OF:

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

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

The subject well has been taken off of disposal system. Request that well be put on T.A. status for unlimited time in that well may be needed for disposal system later.

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

SIGNED *N. R. Lant*

TITLE **Vice President**

DATE **5-22-74**

Order Signed by  
**Joe D. Ramsey**  
Dist. 1, Supv.

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: