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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.
B8251

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Wilson Oil Company	8. Farm or Lease Name State 111
3. Address of Operator Box 457 Artesia N.M 88210	9. Well No. 12
4. Location of Well UNIT LETTER I 990 FEET FROM THE EAST LINE AND 1650 FEET FROM THE South LINE, SECTION 13 TOWNSHIP 21S RANGE 34E N.M.P.M.	10. Field and Pool, or Wildcat Wilson 4-7R
15. Elevation (Show whether DF, RT, GR, etc.) 3646 GR	12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Misc Report <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.

well is a producing gas
well is carried on C115 and
C111. Gas is use for pumping
Engines fuel system. Is used
only as needed.

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

SIGNED **W. R. Lamb** TITLE **V. President** DATE **9-26-74**

Orig. Signed By
Joe D. Ramey
Dist. I, Supv.

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: