

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

REPLICATE

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 9 11 52 AM '66

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-6807

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 type="checkbox"/> OTHER- Temporarily Abandoned	7. Unit Agreement Name
2. Name of Operator Wilson Oil Company	8. Farm or Lease Name State B. H. 3
3. Address of Operator P. O. Box 457, Artesia, New Mexico	9. Well No. 13
4. Location of Well UNIT LETTER P , 330 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 21 RANGE 34 NMPM.	10. Field and Pool, or Wildcat Wilson
15. Elevation (Show whether DF, RT, GR, etc.) 3664 DF	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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Report on shut in well <input checked="" 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.

The subject well remains temporarily abandoned with no immediate plans for recompletion.

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

SIGNED *N. R. Lamb* TITLE Vice President DATE September 8, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL & THREE COPIES
TO BE: A. C. P. ENGR
TITLE _____ DISTRICT No. _____