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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 14 11 56 AM '65

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. B-10792
7. Unit Agreement Name
8. Farm or Lease Name State
9. Well No. 33
10. Field and Pool, or Wildcat Wilson
12. County La

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- Shut In Gas Well
2. Name of Operator Wilson Oil Company
3. Address of Operator P. O. Box 457, Artesia, New Mexico
4. Location of Well UNIT LETTER C 990 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 24 TOWNSHIP 21 RANGE 34 NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3044 DF

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 Shut In <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 status of the subject well is shut in gas well, since there is no market available for disposing of the gas.

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

SIGNED *M. R. Law* TITLE Vice President DATE September 13, 1965

APPROVED by TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: