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NEW MEXICO OIL CONSERVATION COMMISSION

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

MAR 6 11 42 AM '65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-10792</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State</b>
9. Well No. <b>33</b>
10. Field and Pool, or Wildcat <b>Wilson</b>
12. County <b>Lea</b>

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- <b>Shut In Gas Well</b>
2. Name of Operator <b>Wilson Oil Company</b>
3. Address of Operator <b>P. O. Box 457, Artesia, New Mexico</b>
4. Location of Well UNIT DEPTH <b>0</b> <b>990</b> FEET FROM THE <b>South</b> LINE AND <b>2310</b> FEET FROM <b>East</b> LINE, SECTION <b>24</b> TOWNSHIP <b>21</b> RANGE <b>34</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3634 IF</b>

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 JOBS <input type="checkbox"/>	OTHER <b>Shut In</b> <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.

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

SIGNED *M. R. Lant* TITLE Vice President DATE March 4, 1965

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: