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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E 8241

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator The Superior Oil Company	8. Farm or Lease Name State "334"
3. Address of Operator Box 71 Conroe, Texas 77301	9. Well No. 4
4. Location of Well UNIT LETTER <u>G</u> <u>1575</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>215</u> RANGE <u>35E</u> N.M.P.M.	10. Field and Pool, or Well Name River Eumont Yates Seven
15. Elevation (Show whether DF, RT, GR, etc.) 3597 GR	12. County Lea

16. 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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Temporary Abandonment ☒

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.

We would like to request an extension of TA status for this well. We are holding the well for possible salt water disposal service to continue producing additional wells on this lease.

Copies to: New Mexico Oil Conservation Comm. (3)
W. N. Mosley
J. V. Leblanc
J. A. Bobbitt
Central File

Expires 11-1-76
(2)

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

SIGNED P. R. Blount TITLE Operations Engineer DATE 11-1-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
