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HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION
MAR 3 11 45 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. B-1399
7. Unit Agreement Name
8. Farm or Lease Name Shell State
9. Well No. 2
10. Field and Pool, or Wildcat Wilson
12. County Lea

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Wilson Oil Company
3. Address of Operator P. O. Box 457, Artesia, New Mexico
4. Location of Well UNIT LETTER N 4620 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 21 RANGE 35 NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3684 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 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.

Preparing to plug and abandon.

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

SIGNED *W. K. H.* TITLE Vice President DATE March 1, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: