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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

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. SEE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. Name of Operator
Cell Oil Corporation
Box 1670, Hobbs, New Mexico 88240

2. Location of Well
 654 FEET FROM THE **North** LINE AND 660 FEET FROM
 THE **West** LINE, SECTION **5** TOWNSHIP **21-S** RANGE **36-E** N.M.P.M.

3a. Indicate Type of Lease
 State ☐ For ☒

3. State Oil & Gas Lease No.
B-1641-4

7. Unit Agreement Name

8. Form of Lease Name
Hensley State

9. Well No.
5

10. Field and Pool, or Well #
Unico Monument

12. County
Lea

15. Elevation (Show whether DF, RT, GR, etc.)
3550' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PERMANENTLY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CHILL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

Installed valves above ground lever & Filled cellar.

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.

Installed valves off each casing string above ground level. Inspected by Mr. John Runyan.
 Filled cellar.

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

SIGNED C. J. Kalltzer TITLE Area Engineer DATE May 24, 1972

APPROVED BY Orig. Signed by Les Clements TITLE Oil & Gas Insp. DATE MAY 25 1972

CONDITIONS OF APPROVAL, IF ANY: