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OPERATOR	

HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
APR 6 9 46 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>A-1350</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State "A"</b>
9. Well No. <b>4</b>
10. Field and Pool, or Wildcat <b>Mount</b>
12. County <b>Bl.</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 SJCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <b>State "A"</b>
3. Address of Operator <b>State "A"</b>
4. Location of Well UNIT LETTER <b>A</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>8</b> TOWNSHIP <b>21-S</b> RANGE <b>36-E</b> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3584 DF</b>

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> <b>NIO Well</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.

**Uneconomical to operate. Will make study to see if possible recompletion can be made.**

**ILLEGIBLE**

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

Original Signed By

SIGNED **C. L. WADE** TITLE **General Manager** DATE **4-4-66**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: