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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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. K-4067	
7. Unit Agreement Name	
8. Farm or Lease Name New Mexico State	
9. Well No. 2	
10. Field and Pool, or Wildcat Osude (Wolfcamp)	
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 The British-American Oil Producing Company
3. Address of Operator Box 474, Midland, Texas
4. Location of Well UNIT LETTER F 1902 FEET FROM T- E North LINE AND 1980 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 21-S RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) KB 3632

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"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Install pumping equipment

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 <input 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.

- *1. Pull 2-1/2" tubing and packer.
2. Rerun 2-1/2" tubing with seating nipple, set tubing at approximately 10,200'.
3. Run rods and pump and install pumping unit.

* Estimated starting date 5-28-65.

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

SIGNED *O O Floyd* TITLE District Clerk DATE May 28, 1965
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____