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# NEW MEXICO OIL CONSERVATION COMMISSION

Form O-103  
Supersedes Old  
C-102 and C-103  
Effective 12-85

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
3. State Oil & Gas Lease No.	
B-9131	L-4429

## SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH. USE APPLICATION FOR PERMIT TO DRILL (FORM O-101) FOR SUCH PROPOSALS.

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Western Oil Producers, Inc.		8. Name of Lessee Name State Com
3. Address of Operator P. O. Box 2055, Roswell, N. M. 88201		9. Well No. #1
4. Location of Well UNIT SECTION <u>M</u> <u>3300</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>21-S</u> RANGE <u>35-E</u> NEPM.		10. Well and Pool, or Field Osuda Morrow Ext.
15. Elevation (Sta. whether Dr., D.C., OR, etc.) G.L. 3644		17. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	REINFORCEMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CEILING TEST AND CEMENT JOBS <input type="checkbox"/>	REINFORCEMENT <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.

El Paso has Temp. disconnected this well.

4/25/74

This well was pulled to change a leaking packer. Swabbed well off, released unit + 3 days later well died.

9/5/74

Prep to move P.U. to swab well off when one is available w/long enough <sup>line</sup> to reach bottom.

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

SIGNED John R. Rude TITLE Supt. DATE 9/5/74

APPROVED BY Joe D. Rude TITLE Asst. Supt. DATE 9/5/74

CONDITIONS OF APPROVAL, IF ANY: