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NEW MEXICO OIL CONSERVATION COMMISSION

3-100000  
1-File

HOBBS OFFICE 6-20-67  
Form C-103  
Supersedes Old C-103  
Effective 1-1-65

Type of Lease	State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.		

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"/>	7. Unit Agreement Name
2. Name of Operator <b>Eldevaker Oil Company</b>	8. Farm or Lease Name <b>A. L. Christmas "A"</b>
3. Address of Operator <b>P. O. Box 249, Hobbs, New Mexico 88240</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>E</b> <b>660</b> FEET FROM THE <b>West</b> LINE AND <b>1980</b> FEET FROM THE <b>North</b> LINE, SECTION <b>26</b> TOWNSHIP <b>22S</b> RANGE <b>36E</b> NMPM.	10. Field and Pool, or Wildcat <b>Emice, 7 Rivers, Queen Co.</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <b>Lea</b>

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 <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.

**Studies are being made to determine if remedial work should be performed.**

THIS COMMISSION MUST BE  
NOTIFIED WITHIN 30 DAYS OF  
THE WELL BEING STOPPED  
OR PLUGGED FOR THIS WELL

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

SIGNED <b>HAROLD G. VEST</b>	TITLE <b>Area Supr.</b>	DATE <b>6-20-67</b>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		