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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 6 11 57 AM '66

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

5a. Indicate Type of Lease
State ☐ Fee ☒

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 Schermerhorn Oil Corporation	8. Farm or Lease Name Christmas "A"
3. Address of Operator c/o APCO Corporation, Liberty Bk. Bldg., Oklahoma City, Okla.	9. Well No. #1
4. Location of Well UNIT LITTLER 0 , 650 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 22S RANGE 36E NMPM.	10. Field and Pool, or Wildcat JALMAT
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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. We will spot a 25 sx. plug at 3544' to cover all perforations.
2. A 25 sx. plug will be spotted at stub of 5 1/2" casing.
3. A 25 sx. plug will be spotted at 1673'.
4. A 10 sx. plug will be spotted in the top of the hole and a 4" regulation marker erected.
5. The hole will be loaded with mud laden fluid.

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

HOBBS PIPE & SUPPLY COMPANY

SIGNED Stanley J. J. Jr. TITLE Assistant Manager DATE January 5, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: