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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

SEP 20 11 51 AM '67

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name H.E. Esmond "B"
9. Well No. 3
10. Field and Pool, or Wildcat South Eunice
12. County Lea

SUNDY 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 Albert Gaskle, Operator
3. Address of Operator P.O. Box 430, Hobbs, New Mexico
4. Location of Well UNIT LETTER H , 660 FEET FROM THE East LINE AND 1980 FEET FROM THE North LINE, SECTION 33 TOWNSHIP 22S RANGE 36E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3474 DF

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

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☒ **Change dual completion**

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

9-16-67

This well was classified as a dual completion. South Eunice- oil; Jalmt - oil.
We have removed the production packer and one string of tubing from the
Jalmt to enable us to produce as a single well designated as South Eunice.
The remaining string of tubing is set at 3816'. Pump set at 3816'.

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

SIGNED Mary Gaskle TITLE Production Clerk DATE Sept. 19, 1967
APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: