NO. OF COPIES RECEIVED				Form C-103
DISTRIBUTION			H1)+1	Supersefector. C. C-102 and C-103
SANTA FE	NEW MEXICO OI	L CONSERVATION COM		Effective 1-1-65
FILE			HAY	2 3 31 PM '66
U.S.G.S.			mai	5a. Indicate Type of Lease
LAND OFFICE	7			State Fee. 🗓
OPERATOR	1			5. State Oil & Gas Lease No.
SUND!	RY NOTICES AND REPOR OPOSALS TO DRILL OR TO DEEPEN (TION FOR PERMIT - " (FORM C-101	TS ON WELLS	RESERVOIR.	
USE * APPLICA	TION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)		7. Unit Agreement Name
OIL GAS WELL WELL	OTHER.			
2. Name of Operator				8. Farm or Lease Name
TEXAS PACIFIC OIL COM 3. Address of Operator	PANY			King N.W. 9. Well No.
P.O. Box 1069 - Hobbs	. New Mexico			
4. Location of Well	• Men Mexico			10. Field and Pool, or Wildcat
UNIT LETTERF	1650 FEET FROM THE N	orth we we	310	Langlie Mattix
UNIT CETTER,	FEET FROM THE	LINE AND	FEET FROM	
THE West LIVE, SECT	IONT TOWNSHIP _	23-S BANGE	36-E NMPM.	
192 <u>1920</u> 1142, 3201	TOWNSHIP _			
	15. Elevation (Show	whether DF, RT, GR, etc.)		12. County
	342	2 GL		Lea
16. Check	Appropriate Box To Indi	cate Nature of Notice	e. Report or Oth	er Data
	NTENTION TO:	1		REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANI	OON REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLI	NG OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND	CEMENT JOB	
_		OTHER	TEMPORARILY	A BANDONED X
OTHER				
	(0)			
17. Describe Proposed or Completed C work) SEE RULE 1603.	operations (Clearly state all per	inent aetaiis, ana give pertii	ient aates, incluaing	estimated date of starting any proposed
HELD FOR POSSIBLE SEC	ONDARY RECOVERY.			
		the heat of must be overladed on		
18. I hereby certify that the informatio	n above is true and complete to	the best of my knowledge and	d belief.	
18. I hereby certify that the informatio	n above is true and complete to	the best of my knowledge and	d belief.	
				DATE 5-10-66
18. I hereby certify that the information				. DATE <u>5-10-66</u>
				DATE <u>5-10-66</u>

CONDITIONS OF APPROVAL, IF ANY:

Existing Local State	DISTRIBUTION SANTA FE	- -	Form C-103 Supersedes Old C-102 and C-103
SUNDRY NOTICES AND REPORTS ON WELLS OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. A Local So. A Loca		NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-cc
SUNDRY NOTICES AND REPORTS ON WELLS OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. A Local So. A Loca	U.S.G.S.		I for Indicate Type of Lease
SUNDRY NOTICES AND REPORTS ON WELLS OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. OFFICE. AND A STATE CL. & Cost Losse No. A Local So. A Loca			77 b) State Fee. X
OFFICE OF ACT OF AND ADDRESS OF ADDRESS OF AND ADDRESS OF AD	OPERATOR		5. State Oil & Gas Lease No.
OFFICE OF ACT OF AND ADDRESS OF ADDRESS OF AND ADDRESS OF AD	SLIND	DV NOTICES AND DEPORTS ON WELL S	- KIIII
OFFICE OF ACT OF AND ADDRESS OF ADDRESS OF AND ADDRESS OF AD	(DO NOT USE THIS FORM FOR PR USE "APPLICA	INT NOTICES AND REPORTS ON WELLS IOPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.	
TEXAS PACIFIC OIL COMPANY TEXAS PACIFIC OIL COMPANY 3. Address of Operation 4. Location of the Company The Late of Company The Lat	011 🗀		7. Unit Agreement Name
TEXAS PACIFIC OIL COMPANY 7. Address of Operator 8. A Location of Well ENT LETTER P 1650 FEET FROM THE BOTTH LINE AND 2310 FEET FROM 15. Clevel Month 23-S FARGE 36-B HADD 15. Clevel Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PROPOSAN REMEDIAL WORK CHARGE PLANS CHARGE PLAN		OTHER-	
P. O. Box 1069; Hobbs, New Mexico 1. Field and Pool, or Wildow 1. Field and Pool	•	BATO A NYU	8, Farm or Lease Name
P. O. Rox 1069; Hobbs, New Mexico 1. Country P. 1650 FET FROM THE MORTH LINE AND 2310 FEET FROM 1. COUNTRY P. 1650 FET FROM THE MORTH LINE AND 2310 FEET FROM 1. COUNTRY SERVICE LINE, SECTION 1 TOWNSHIP 23-S RANGE 36-E MORTH. 1. COUNTRY SAZZ G.L. Check Appropriate Box TO Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PLUS AND ABADOM CHANGE PLANS ALTERITY CHANGE PLANS CHANGE PLANS CHANGE PLANS CHANGE PLANS CHANGE PLANS ALTERITY CHANGE PLANS CHANGE PLANS ALTERITY CHANGE PLANS CHANGE PLANS	3. Address of Operator	MPANI	King N. W.
UNIT LETTER P. 1650 PEET FROM THE NORTH LINE AND 2310 PEET FROM THE BOTTON THE THE WORLD INS, SECTION 1 TOWNSHIP 23-S PASSE 36-B HAPPY 15, Elevation (Show whether DF, RT, CR, etc.) 15, Elevation (Show whether DF, RT, CR, etc.) 16, County S422 G.L. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PLUS AND ABANDON PLUS AND ABANDON CHARGE CRILING OPUS. CHARGE PLANS ALTERING PLANS CHARGE PLAN	P. O. Box 1069; Hobb	4	
THE WEST LINE, SECTION 1 TOWNSHIP 23-S SANSE 36-E HAPPA 15. Elevation (Show whether DF, RT, GR, etc.) 12. County 12. County	4. Location of well		10. Field and Pool, or Wildcat
THE WEST LINE, SECTION 1 TOWNSHIP 23-S SAME 36-E HAPPA 15. Elevation (Show whether DF, RT, GR, etc.) 12. County	UNIT LETTER	1650 FEET FROM THE NORTH LINE AND 2310 FEET FROM	Langlie Mattix
The composition of the property of the propert			
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: SUBSEQUENT REPO	THE LINE, SECTI	ON TOWNSHIP 23-S FANGE 36-E NMP	
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: SUBSEQUENT SUBSEQUENT REPORT OF: SUBSEQUENT SUB		15. Elevation (Show whether DF, RT, GR, etc.)	12. County
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSCUENT REPORT OF: PLUS AND ASANDON PLUS AND ASANDON PLUS AND ASANDON PLUS AND ASANDON CHARGE PLANS CHARGE PLANS OTHER TEMPORARILY ABANDONED OTHER 7. Describe Preposed of Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work) SEE RULE 1103. HELD FOR POSSIBLE SECONDARY RECOVERY. 1. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		3422 G.L.	Lea
PLUS AND ABANDON PLUS AND ABANDON REMEDIAL WORK ALTERING CASING PLUS AND ABANDONNENT COMMERCE DRILLING OFFICE CASING TEMPORARILY ABANDON CHANGE PLANS COMMERCE DRILLING OFFICE CASING TEST AND CEMENT COMERCE DRILLING OFFICE CASING TEST AND CEMENT COMMERCE DRILLING OFFICE CASING TEST AND CEMENT COMMERCE DRILLING OFFICE CASING	Check	Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
TEMEDIAL WORK ABANDON PULL OR ALTERING CASING COMMERCE CHILLING ONS. CHANGE PLANS OTHER TEMPORARILY ABANDONED OTHER TEMPORARILY ABANDONED 7. Describe Proposed or Completed Operations (Glearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work) SEE RULE 1103. HELD FOR POSSIBLE SECONDARY RECOVERY. 1. I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 11-10-65	NOTICE OF I	NTENTION TO: SUBSEQUEN	NT REPORT OF:
TEMEDIAL WORK ABANDON PULL OR ALTERING CASING COMMERCE CHILLING ONS. CHANGE PLANS OTHER TEMPORARILY ABANDONED OTHER TEMPORARILY ABANDONED 7. Describe Proposed or Completed Operations (Glearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work) SEE RULE 1103. HELD FOR POSSIBLE SECONDARY RECOVERY. 1. I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 11-10-65	PERFORM REMEDIAL WORK		_
OTHER TEMPORARILY ABANDONED 7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work) SEE RULE 1103. HELD FOR POSSIBLE SECONDARY RECOVERY. 1. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 2. Interest casing the proposed of Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work) SEE RULE 1103. 3. Thereby certify that the information above is true and complete to the best of my knowledge and belief.			ALTERING CASING
7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work) SEE RULE 1103. HELD FOR POSSIBLE SECONDARY RECOVERY. 1. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SENDO Original signed by t. Hollis 18. Deats Title Area Engineer. DATE 11-10-65	PULL OR ALTER CASING		PLUG AND ABANDONMENT
7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work) SEE RULE 1703. HELD FOR POSSIBLE SECONDARY RECOVERY. 11. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			ANDONED y
HELD FOR POSSIBLE SECONDARY RECOVERY. 3. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Same Original signed by: Hollis id. Deats Title Area Engineer DATE 11-10-65	OTHER		4
Original signed by: Hollis W. Deats TITLE Area Engineer DATE 11-10-65			
		CONDARY RECOVERY.	
PROVED BY	. I hereby certify that the information a	above is true and complete to the best of my knowledge and belief.	DATE11=10=65

CONDITIONS OF APPROVAL, IF ANY: