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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and 6-103  
Effective 1-1-65

5a. Indicate Type of Lease	State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	NMJ-550	

## 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 TEXAS PACIFIC OIL COMPANY	8. Farm or Lease Name Emerging, S.E.
3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER <u>I</u> , <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>1</u> TOWNSHIP <u>23-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3400' GR	12. 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 type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Temporarily Abandoned
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Held for possible secondary recovery.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED	TITLE	DATE
Sheldon Ward	Area Superintendent	5-10-67
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/> 11 55	Fee <input checked="" type="checkbox"/> X
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 - A" (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>TEXAS PACIFIC OIL COMPANY</b>		8. Farm or Lease Name <b>King S. E.</b>	
3. Address of Operator <b>P. O. Box 1069 - Hobbs, New Mexico</b>		9. Well No. <b>2</b>	
4. Location of Well UNIT LETTER <b>I</b> , <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>2310</b> FEET FROM THE <b>South</b> LINE, SECTION <b>1</b> TOWNSHIP <b>23-S</b> RANGE <b>36-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Langlie Matrix</b>	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3400' GL</b>		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 JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <b>TEMPORARILY ABANDONED</b>

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.

**HELD FOR POSSIBLE SECONDARY RECOVERY.**

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

SIGNED **Original signed by: Sheldon Ward** TITLE **Area Superintendent** DATE **11-10-66**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
 HOBBBS OFFICE O.C.C.  
 Supersedes Old  
 C-102 and C-103  
 Effective 1-1-66  
 MAY 12 3 32 PM '66

5a. Indicate 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>TEXAS PACIFIC OIL COMPANY</b>		8. Farm or Lease Name <b>King S.E.</b>
3. Address of Operator <b>P.O. Box 1069- Hobbs, New Mexico</b>		9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>I</b> , <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>2310</b> FEET FROM THE <b>South</b> LINE, SECTION <b>1</b> TOWNSHIP <b>23-S</b> RANGE <b>36-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3400' GL</b>		12. County <b>Lea</b>

16.

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### NOTICE OF INTENTION TO:

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

PLUG AND ABANDON ☐  
 CHANGE PLANS ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
 COMMENCE DRILLING OPNS. ☐  
 CASING TEST AND CEMENT JOBS ☐  
 OTHER **TEMPORARILY ABANDONED** ☒  
 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.

**HELD FOR POSSIBLE SECONDARY RECOVERY.**

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

SIGNED Original signed by: Sheldon Ward TITLE Area Superintendent DATE 5-10-66

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: