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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
 Mercedes Old  
 C-103  
 Effective 1-1-68  
 JUN 4 9 51 AM '68  
 O. C. C.

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 <b>TEXAS PACIFIC OIL COMPANY</b>	8. Farm or Lease Name <b>State "A" A/c-3</b>
3. Address of Operator <b>P. O. Box 1069n-Hobbs, New Mexico</b>	9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>J</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>10</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>3435'</b>	12. County <b>Lea</b>

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 <b>Temporarily Abandoned</b> <input checked="" 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.

**Above well was temporarily abandoned 6-1-68.**

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

Original Signed by  
 SIGNED Sheldon Ward TITLE Area Superintendent DATE 6-3-68  
 APPROVED BY [Signature] TITLE  DATE   
 CONDITIONS OF APPROVAL, IF ANY