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NEW MEXICO OIL CONSERVATION COMMISSION

Form 6-103
Supersedes Old
C-102 and C-103
Effective 5-1-66
MAY 12 3 33 PM '66

<p align="center">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.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No.</p>
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/></p> <p>2. Name of Operator TEXAS PACIFIC OIL COMPANY</p> <p>3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico</p> <p>4. Location of Well UNIT LETTER N, 330 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 22 TOWNSHIP 23-S RANGE 36-E NMPM.</p>		<p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name State "A" A/c-1</p> <p>9. Well No. 1</p> <p>10. Field and Pool, or Wildcat Jalmat</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3413' GL</p>		<p>12. County Lea</p>

16.

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 JOB <input type="checkbox"/>	OTHER TEMPORARILY ABANDONED <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.

HELD FOR POSSIBLE SECONDARY RECOVERY.

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

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

OF APPROVAL, IF ANY: