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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 17 5 45 AM '69

Form C-103  
Supersedes Old  
C-102 and C-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.
7. Unit Agreement Name
8. Farm or Lease Name <b>Grizzell</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Tubb Gas</b>
12. County <b>Lea</b>

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-
2. Name of Operator <b>SOHIO PETROLEUM COMPANY</b>
3. Address of Operator <b>P. O. Box 3167, Midland, Texas 79701</b>
4. Location of Well UNIT LETTER <b>G</b> , <b>1760</b> FEET FROM THE <b>North</b> LINE AND <b>1760</b> FEET FROM THE <b>East</b> LINE, SECTION <b>5</b> TOWNSHIP <b>22-S</b> RANGE <b>37-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3447 DF</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 <input checked="" type="checkbox"/> <b>Inspect connections to bradenhead and check pressure</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.

Permanent connections have been installed to check bradenhead pressures at the surface, and the well was inspected and approved by Mr. John Runyan of the New Mexico Oil Conservation Commission on September 2, 1969.

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

SIGNED A. K. HOOD TITLE District Superintendent DATE September 16, 1969  
APPROVED BY [Signature] TITLE Inspector DATE SEP 18 1969  
CONDITIONS OF APPROVAL, IF ANY: