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LAND OFFICE

OPERATOR

## 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 ☒Fee ☐

5. State Oil &amp; 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 Anadarko Production Company		8. Farm or Lease Name Lou Wortham
3. Address of Operator P. O. Box 806 - Eunice, New Mexico 88231		9. Well No. 1
4. Location of Well UNIT LETTER <u>D</u> <u>330</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>North</u> LINE, SECTION <u>11</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Penrose - Skelly
15. Elevation (Show whether DF, RT, GR, etc.) 3379 GR		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
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 Bring casing valves to ☒  
ground level.

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.

1. Cellars were dug out for casing pressure checks.
2. Connections were added to the intermediate casing and valves were raised to ground level.
3. Note: The intermediate casing is setting on casing clamps at the surface casing and no connections could be made.

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

SIGNED Herb AndersonTITLE Area SupervisorDATE 01/12/76APPROVED BY                     TITLE                     DATE                     

CONDITIONS OF APPROVAL, IF ANY: