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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"/>	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>Will Cary</b>
3. Address of Operator <b>P. O. Box 1069 - Hobbs, New Mexico</b>	9. Well No. <b>5</b>
4. Location of Well UNIT LETTER <b>F</b> , <b>1650</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM THE <b>West</b> LINE, SECTION <b>22</b> TOWNSHIP <b>22-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Drinkard</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3362' GL</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 JOBS <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.

**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 \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: