

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103-  
 Supersedes Old C.C.C.  
 C-102 and C-103  
 Effective 1-1-65  
**MAY 12 3 30 PM '66**

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- 2. Name of Operator <b>TEXAS PACIFIC OIL COMPANY</b> 3. Address of Operator <b>P.O. Box 1069- Hobbs, New Mexico</b> 4. Location of Well UNIT LETTER <b>L</b> , <b>2310</b> FEET FROM THE <b>South</b> LINE AND <b>990</b> FEET FROM THE <b>West</b> LINE, SECTION <b>22</b> TOWNSHIP <b>22-S</b> RANGE <b>37-E</b> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <b>3344' GL</b>	7. Unit Agreement Name 8. Farm or Lease Name <b>W/ Cary</b> 9. Well No. <b>8</b> 10. Field and Pool, or Wildcat <b>Dinkard</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"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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 5-10-66

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: