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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 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL CO., INC.		8. Farm or Lease Name BOYD
3. Address of Operator P. O. Box 1069 - Hobbs, New Mexico 88240		9. Well No. 2
4. Location of Well UNIT LETTER H , -230 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 22-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Primary Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3329'		12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <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.

Repaired casing head leak between oil string (5-1/2") and intermediate (8-5/8") as follows:

- 1. Pump 280 bbls. 9# brine down 8-5/8" casing to remove gases.**
- 2. Pump 200 sks cement w/Flo seal / 475 sks. cement down annulus.**
- 3. Shut in casing. Checked casing for leaks. Test OK.**

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

SIGNED Original Signed By Claude A. [Signature] TITLE Area Superintendent DATE 2-20-73

APPROVED BY Orig. Signed by Joe D. [Signature] TITLE DEF [Signature] DATE 2-20-73

CONDITIONS OF APPROVAL, IF ANY: