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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 checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. NMJ 528 | |

| 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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | 7. Unit Agreement Name |
| 2. Name of Operator Texas Pacific Oil Company, Inc. | 8. Farm or Lease Name Boyd |
| 3. Address of Operator P. O. Box 4067, Midland, Texas 79701 | 9. Well No. 4 |
| 4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM East LINE, SECTION 23 TOWNSHIP 22-S RANGE 37-E NMPM. | 10. Field and Pool, or Wildcat Langlie Mattix |
| 15. Elevation (Show whether DE, RT, GR, etc.) 3332' GR | 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER Repair salt water flow <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input 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.

1. Dig out cellar and inspect surface pipe for leak.
2. Install casing clamp if necessary.
3. Repair salt water flow by cementing down 8 5/8" intermediate casing and 13 3/8" surface casing.

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

| | | |
|----------------------------|----------------------------------|---------------------|
| SIGNED Lloyd Wright | TITLE Area Superintendent | DATE 7-10-74 |
| APPROVED BY _____ | TITLE _____ | DATE _____ |

CONDITIONS OF APPROVAL, IF ANY: