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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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Re-entry		7. Unit Agreement Name
2. Name of Operator Wolfson Oil Company		8. Farm or Lease Name Boyd
3. Address of Operator 3206 Republic National Bank Tower Dallas, Texas		9. Well No. 1
4. Location of Well UNIT LETTER L 660 FEET FROM THE E LINE AND 1980 FEET FROM THE S LINE, SECTION 23 TOWNSHIP 22S RANGE 37 E N.M.P.M.		10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3327 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"/>	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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

Restored 10 sx cement plug at surface and install ed marker.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED H.G. Freedman	TITLE Prod. Engr.	DATE 4-8-68
APPROVED BY John W. Nuyman	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		