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LAND OFFICE	
OPERATOR	

HOBBS OFFICE COMMISSION
NEW MEXICO OIL CONSERVATION COMMISSION
DEC 16 12 38 PM '65

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- 2. Name of Operator KINGREA, PENDLETON & REISER 3. Address of Operator 608 V&J TOWER, MIDLAND, TEXAS 79701 4. Location of Well UNIT LETTER J , 2310 FEET FROM THE SOUTH LINE AND 2310 FEET FROM THE EAST LINE, SECTION 25 TOWNSHIP 22-S RANGE 36-E NMPM.	7. Unit Agreement Name 8. Farm or Lease Name ANNIE L. CHRISTMAS 9. Well No. 1 10. Field and Pool, or Wildcat EUNICE S. 7 RIVERS QUEEN
15. Elevation (Show whether DF, RT, GR, etc.) 3425 Gr.	12. County LEA

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 CHANGE OF OPERATOR <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"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
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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.

CHANGE OF OPERATOR:

FORMERLY OPERATED UNDER NAME OF: McGRATH & SMITH, 726 VAUGHN BLDG., MIDLAND, TEXAS 79701

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

SIGNED Mary E. Bruye TITLE Asst. DATE December 15, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: