

NEW MEXICO OIL CONSERVATION COMMISSION

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

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Millard Deck		8. Farm or Lease Name Hugh
3. Address of Operator P. O. Box 409, Eunice, New Mexico 88231		9. Well No. 9
4. Location of Well UNIT LETTER <u>D</u> , <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>22 S</u> RANGE <u>37 E</u> NMPM.		10. Field and Pool, or Wildcat Penrose-Skelly
15. Elevation (Show whether DF, RT, GR, etc.) 3007' GR		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Change well number</u> <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Oil Conservation Commission forms C-103 and C-104 were used to describe well using Millard Deck Hugh No. 1. Commission requested change to Hugh No. 9. All future forms will reflect number as Hugh No. 9.

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

SIGNED <u>Millard Deck</u>	TITLE <u>Owner-Operator</u>	DATE <u>1/25/68</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		