

COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

# 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <i>G. P. Sims</i>		8. Farm or Lease Name <i>Vivian Duff</i>
3. Address of Operator <i>Box 1046 Eunice NM 88231</i>		9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>D</i> <i>720</i> FEET FROM THE <i>North</i> LINE AND <i>810</i> FEET FROM THE <i>West</i> LINE, SECTION <i>30</i> TOWNSHIP <i>22</i> RANGE <i>38</i> NMPM.		10. Field and Pool, or Wildcat <i>Santa Rosa</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>GR 3336</i>		12. County <i>Dea</i>

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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 JOBS <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.

*Water has broken into the zone and seals off the gas. Plan to run tubing and set a pump in an attempt to move enough water to let the gas flow.*

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

SIGNED *Tom Hermann* TITLE *agent* DATE *Dec. 20, 74*

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: