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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 ☐   Fee ☒

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 ☒   GAS WELL ☐   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.
12

4. Location of Well
UNIT LETTER **C**, **330** FEET FROM THE **North** LINE AND **1650** FEET FROM
THE **West** LINE, SECTION **14** TOWNSHIP **22 S** RANGE **37 E** NMPM.

10. Field and Pool, or Wildcat
Penrose-Skelly

15. Elevation (Show whether DF, RT, GR, etc.)
3355 GR

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐   CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒   PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒

OTHER _____ ☐

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. Moved in and rigged up Leatherwood Drilling Company 1/5/69.

2. Spudded 1/5/69 using 12-1/4" bit for surface.

3. Drilled 315' of 12-1/4" hole.

4. Ran 315' 8-5/8" 24.00# surface casing.

5. Cemented surface casing using 150 sacks of cement. Circulated 6 sacks.
   Plug down at 12:20 AM 1/6/69.

6. After waiting on cement for 24 hours, pressure-tested casing to 800 PSI for 30 minutes without pressure loss.

7. Drilling ahead using 7-7/8" bit.

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

SIGNED _____   TITLE **Owner-Operator**   DATE **2/1/69**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: