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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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Cities Service Oil Company		8. Name of Lease Name Brunson C
3. Address of Operator Box 69 - Hobbs, New Mexico 88240		9. Well No. 9
4. Location of Well UNIT LETTER J 1880 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 22S RANGE 37E N.M.P.M.		10. Field and Pool, or Wildcat Penrose Skelly
15. Elevation (Show whether DF, RT, GR, etc.) 3415 RT		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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

TD 330' Red Bed. Spudded @ 6:45 PM 1-23-70. Ran 8 joints (315')
8 5/8" OD 20 and 24# H-40 casing, set @ 325'. Cemented with 300
sax Class C w/2% CaCl₂. Plug down @ 7:00 AM 1-24-70. Cement
circulated. WOC 24 hrs. Tested 8 5/8" casing to 1000 psi for
30 minutes with no drop in pressure. Prep. to drill ahead.

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

SIGNED _____	TITLE District Admin. Supervisor	DATE 1-26-70
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY _____		