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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator MILLARD DECK		8. Farm or Lease Name PATSY
3. Address of Operator P.O. BOX 1047, EUNICE, NEW MEXICO 88231		9. Well No. 2
4. Location of Well UNIT LETTER B 990 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 20 TOWNSHIP 22S RANGE 37E NMPM.		10. Field and Pool, or Wildcat LANGLIE MATTIX
15. Elevation (Show whether DF, RT, GR, etc.) 3375' GR - 3386' RKB		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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

1. REACHED T. D. 4,000' ON 3/24/71.
2. RAN 4,000' OF 5 1/2" 14.50# J-55 CASING. SET AT 4,000'. CEMENTED USING 450 SACKS OF CEMENT. PLUG DOWN AT 3:00 PM 3/24/71. SI W.O.C.
3. AFTER 24 HOURS PRESSURE TESTED CASING TO 2,000 PSL FOR 30 MINUTES WITHOUT LOSS OF PRESSURE.

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

SIGNED Millard Deck TITLE OWNER - OPERATOR DATE 4/21/71

APPROVED BY Joe J. Hines TITLE SUPERVISOR DISTRICT 1 DATE APR 26 1971

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 20 1971

OIL CONSERVATION COMM.
HOBBS, N. M.