| DISTRIBUTION | | | Form C-103 Supersedes Old C-102 and C-103 |
|--|--|---|---|
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | 5a. Indicate Type of Lease |
| LAND OFFICE | | | State Fee. |
| OPERATOR | | | 5. State Oil & Gas Lease No. |
| (DO NOT USE THIS FORM USE **A | | | |
| 1. OIL GAS GAS WELL | OTHER+ | | 7. Unit Agreement Name |
| 2. Name of Operator SCHIO PETROLEUM COMPANY | | | 8, Farm or Lease Name |
| 3. Address of Operator | | | Elliott B-12-2 |
| P. O. Box 3167, | Midland, Texas 7 | 9701 | 3 |
| 4. Location of Well | 2310' | North 660' | 10. Field and Pool, or Wildcat Drinkard |
| UNIT LETTER | 12 | 200 250 | EET FROM |
| THELINE | E, SECTIONTOWN | SHIP RANGE | _NMPM. |
| | 15. Elevation GR | (Show whether DF, RT, GR, etc.) | 12. County |
| | | | |
| | neck Appropriate box 10 FOR INTENTION TO: | o Indicate Nature of Notice, Report | or Other Data QUENT REPORT OF: |
| | | | |
| PERFORM REMEDIAL WORK | PLUG AN | D ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPOHARILY ABANDON | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE | | [X] |
| CTHER | | OTHER | |
| | | | |
| Describe Proposed or Comp work) SEE RULE 1903. | leted Operations (Clearly state a | Il pertinent details, and give pertinent dates, i | ncluding estimated date of starting any proposi |
| Spudded @ 1: | 45 P. M., August 25, | , 1973. Drilled 11" hole to | 1285'. Ran 1267.79'. |
| 8-5/8", 23#, | casing set @ 1281.8 | 36¹. | |
| | _ | • | |
| R.D.B., cemen | nted w/300 sacks Cla | ass C cement with 4% gel, an | d 130 sacks neat cement |
| | | 1., 8-26-73. Circulated to | |
| Tested to 60 | Of for 30 minutes. | · | |
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| | | | |
| | . 4 | | |
| 18. I hereby certify that the into | ormation above is true and comple | ete to the best of my knowledge and belief. | |
| Miltonthi | D1222 | District Superintende | |
| SIGNED | Burton W. Whiteley | TITLE Midland District | DATE August 30, 1973 |
| · ———————————————————————————————————— | Orig Signed by | | SEP & PAI |
| APPROVED BY | Joe D. Ramey | TITLE | DATE |
| | IF ANY: Dist. 1, Supv. | | |
| CONDITIONS OF APPROVAL, | IF ANY: DEG -1 | | |