| NO. OF COPIES RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                      | Form C-103                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------|------------------------------------------------|
| DISTRIBUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                      | Supersedes Old                                 |
| SANTA FE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NEW MEXICO OIL CONS                                            | ERVATION COMMISSION                  | C-102 and C-103<br>Effective 1-1-65            |
| FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                      |                                                |
| U.S.G.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                      | 5a. Indicate Type of Lease                     |
| LAND OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                      | State X Fee                                    |
| OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                      | 5. State Oil & Gas Lease No.                   |
| <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                              |                                      | B-1431                                         |
| SUNDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Y NOTICES AND REPORTS ON POSALS TO DILL OR TO DEEPEN OR PLIG E | WELLS  ACK TO A DIFFERENT RESERVOIR. |                                                |
| OIL SAS WELL WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OTHER-                                                         |                                      | 7. Unit Agreement Name                         |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |                                      | 8. Farm or Lease Name                          |
| John Yuronka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                      | Ares State                                     |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                      | 9. Well No.                                    |
| 120-C Central Building, Midland, Texas 79701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                      | 2                                              |
| 4. Location of Well  UNIT LETTER H 1980 FEET FROM THE NORTH LINE AND 660 FEET FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                      | 10. Field and Pool, or Wildcat  Langlie Mattix |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                      |                                                |
| THE East LINE, SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DN 16 TOWNSHIP 23-S                                            |                                      |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15. Elevation (Show whether                                    |                                      | 12. County                                     |
| İMININ İMILLI İMILLE İMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3461'                                                          |                                      | Lea                                            |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                      |                                                |
| · <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L-3                                                            |                                      |                                                |
| PEPFORM REVEDIAL WORK L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLUG AND ABANDON                                               |                                      | ALTERING CASING                                |
| TEMPORARILY ARAMOON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del></del>                                                    | COMMENCE DRILLING OPHS.              | PLUT AND ABANDONWENT                           |
| PULL OR AUTER CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CHANGE PLANS                                                   | CASING TEST AND CEMENT JOB X         | r <del></del> ;                                |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                | OTHER                                |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                      |                                                |
| 17. Describe Proposed of Completes Operations (Clearly state all perment details, and give pertinent dates, including estimated date of starting on a prend education (Clearly state all perment details, and give pertinent dates, including estimated date of starting on a prend education (Clearly state all perment details, and give pertinent dates, including estimated date of starting on a prend education (Clearly state all perment details, and give pertinent dates, including estimated date of starting on a prend education (Clearly state all perment details, and give pertinent dates, including estimated date of starting on a prend education (Clearly state all perment details, and give pertinent dates, including estimated date of starting on a prend education (Clearly state all perment details, and give pertinent dates, including estimated date of starting on a prend education (Clearly state all perment details, and give pertinent dates, including estimated date of starting on a prend education (Clearly starting on a prend education (Clearly starting on a perment details, and give permitted dates). |                                                                |                                      |                                                |
| Total Depth 3825'. Ran 103 joints - 3814' - of 4-½" - 9.5#, 10.5# & 11.6# - J-55 L. T. & C. casing and set at TD. Cemented with 350 sacks of Class "C" 50-50 Pozmix "A" 2% gel, 8# of salt per sack and 0.5% CFR-2. Cemented was calculated from a caliper log from TD to 2970', the base of the salt, and 30% excess cement was added. 22' of cement left in pipe. Plug down at 9:20 P. M. on 11-25-74. Test casing and cement with 1000# for 30 minutes after 18 hours and held 0. K.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                                      |                                                |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED TITLE Authorized Agent  DATE 12 - 2 - 74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                      |                                                |
| SIGNED C VOVE OF CIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE AU                                                       | morraed Agent                        |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Contract to the second                                         |                                      |                                                |

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OIL CONSERVATION COMM. HOBBS, IL M.