

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator S & D Partnership 3. Address of Operator Box 186 Eunice, N.M. 88231 4. Location of Well UNIT LETTER C 660' FEET FROM THE NL LINE AND 2310' FEET FROM THE WL LINE, SECTION 25 TOWNSHIP 22S RANGE 37E NMPM. 3304.5 G.L.	7. Unit Agreement Name 8. Farm or Lease Name Drinkard Homestead 9. Well No. #1 10. Field and Pool, or Wildcat Wantz-Granite Wash Lea
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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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

1-10-83

Unseated pump and pumped 40 bbls. of hot oil for parafin - went in with new pump.

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

SIGNED Leo V. Sains TITLE Partner DATE 2-11-83

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

TITLE _____ DATE FEB 14 1983

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: