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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 type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No.	
10. Field and Pool, or Wildcat	
12. County	

<p>SUNDRY NOTICES AND REPORTS ON WELLS</p> <p>(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.)</p>	
<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- LPG Storage Well #1</p>	
<p>2. Name of Operator Warren Petroleum Corp.</p>	
<p>3. Address of Operator P. O. Box 1197, Eunice, New Mexico 88231</p>	
<p>4. Location of Well</p> <p>UNIT LETTER _____, 2440 FEET FROM THE North LINE AND 1320 FEET FROM</p> <p>THE East LINE, SECTION 3 TOWNSHIP 22S, RANGE 37E NMPM.</p>	
<p>15. Elevation (Show whether DF, RT, GR, etc.)</p>	

<p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p> <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> COMMENCE DRILLING OPS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>
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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.

This report is in accordance with a request by Joe D. Ramey. No changes have been made since last report.

A \$10,000.00 Blanket Plugging and Indemnity Bond is attached.

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

ORIGINAL SIGNED
- BY -
SIGNED **A. E. RISINGER** TITLE **Superintendent** DATE **Sept. 25, 1967**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: