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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-6622	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Kern County Land Company		State 36
3. Address of Operator		9. Well No.
418 First State Bank Bldg, Midland, Texas 79704		5
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER F , 2108 FEET FROM THE West LINE AND 543 FEET FROM		El Mar - Delaware
THE South LINE, SECTION 36 TOWNSHIP 26S RANGE 32E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3102' DF		Lea

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 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.

- 9-28-65 Killed well with crude oil. Pulled rods and tubing.
- 9-29-65 Fraced down casing with 4000 gal. refined oil and 4500# 10-20 sand. MP 1800#, AP 1500#, ISDP 1000#. Injection rate 8.9 BPM.
- 9-30-65 Ran rods and tubing. Placed well back on production.

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

SIGNED Donald K. Kinnear TITLE District Accountant DATE 10-8-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: