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NEW MEXICO OIL CONSERVATION COMMISSION

10/11/65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name -
2. Name of Operator Kern County Land Company	8. Farm or Lease Name State 36
3. Address of Operator 418 First State Bank Bldg., Midland, Texas 79704	9. Well No. 5
4. Location of Well UNIT LETTER F , 2108 FEET FROM THE West LINE AND 543 FEET FROM THE South LINE, SECTION 36 TOWNSHIP 26S RANGE 32E NMPM.	10. Field and Pool, or Wildcat El Mar - Delaware
15. Elevation (Show whether DF, R1, GR, etc.) 3102' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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.

1. Kill well down casing with lease crude.
2. Pull rods and tubing.
3. Frac down 4 1/2" casing with 1000 gal. refined oil pad followed by 3000 gal. refined oil and 4500# 10-20 M. sand.
4. Run tubing, pump and rods.

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

SIGNED *Donald L. Kinnick* TITLE District Accountant DATE 10-8-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: