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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 3 7 25 AM '68

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 checked="" 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	

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"/>	2. Name of Operator
3. Address of Operator	7. Unit Agreement Name
4. Location of Well	8. Farm or Lease Name
UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>N</u> LINE AND <u>660</u> FEET FROM THE <u>W</u> LINE, SECTION <u>15</u> TOWNSHIP <u>26-S</u> RANGE <u>33-E</u> N.M.P.M.	9. Well No.
15. Elevation (Show whether DF, RT, GR, etc.)	10. Field and Pool, or Wildcat
3301 DF	12. County
	Lea

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 1703.

Well has been shut in since 1965. We propose to plug and abandon well in following manner:

1. Squeeze Cement perforations from 4978' to 4980' w/ 25 AAX and leave 100' cement in casing.
2. Spot 25' plug in top of 27 1/8" casing w/ 5 AAX Cmt.
3. Install dry hole marker & clean location.

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

SIGNED R. T. Perry TITLE Unit Head DATE 8/30/68

APPROVED BY Leslie A. Clements TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: