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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-100
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.		

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 Jal Fishing Tool Company	8. Firm or Lease Name H. Whitten
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico	9. Well No. 1
4. Location of Well INTERSECT C 330 FEET FROM THE North LINE AND 2310 FEET FROM West LINE, SECTION 4 TOWNSHIP 24 S RANGE 36 E NMPM.	10. Field and Pool, or Wildcat Jalnat
15. Elevation (Show whether DF, RT, GR, etc.) 3422 GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PLUG OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☒

OTHER **Deepen** ☒

SUBSEQUENT REPORT OF:

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

11. 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.

To cancel notice of intention to plug and abandon filed by Leonard Petroleum and approved 4/1/65.

It is proposed to clean out junk and cavings to total depth, deepen approximately 90 feet and attempt completion in lower Yates. Type and amount of treatment to be determined at a later date.

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

SIGNED **H. L. Smith** TITLE **Agent** DATE **June 9, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: