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HOBBS OFFICE O. C. G.
NEW MEXICO OIL CONSERVATION COMMISSION

Dec 16 11 50 AM '66

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

5a. Indicate Type of Lease	Fed.
State	<input type="checkbox"/> X

5. ~~XXX~~ Oil & Gas Lease No.

032452-B

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 Samedan Oil Corporation	8. Farm or Lease Name Hughes "B-3"
3. Address of Operator 2207 Wilco Building, Midland, Texas	9. Well No. 6
4. Location of Well UNIT LETTER P 660 FEET FROM THE S LINE AND 660 FEET FROM THE E LINE, SECTION 17 TOWNSHIP 23 South RANGE 37 East NMPM.	10. Field and Pool, or Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.)	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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER **6 Mos. Notification of Well Status** ☒

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.

Well is shut-in and temporarily abandoned, pending further development in the area and/or evaluation of water flood project now in progress, which may justify performing remedial work necessary to return the well to an economic oil production status.

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

SIGNED *G. W. Putnam*
G. W. Putnam

Division Production
Superintendent

DATE **December 14, 1966**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: