

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES	
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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator ZACHARY OIL OPERATING COMPANY	8. Farm or Lease Name MAY A
3. Address of Operator P. O. BOX PP, EUNICE, NEW MEXICO 88231	9. Well No. 1
4. Location of Well UNIT LETTER B 1980 FEET FROM THE EAST LINE AND 660 FEET FROM THE NORTH LINE, SECTION 21 TOWNSHIP 23S RANGE 37E NMPM.	10. Field and Pool, or WHdcat 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: 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 1108.

Loaded hole and pulled tubing. Replaced bad tubing. Removed receptical from Baker Model D packer at 3434'. Ran 2 1/16" slim hole tubing with mud anchor and seating nipple to 3530', swabbed well to check fluid level. Ran pump and rods and installed pumping unit. Well on production.

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

SIGNED: Raya A. Pierce TITLE: Prod. Supt. DATE: October 7, 1985

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

OCT 10 1985

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT - 9 1985
O.C.D.
HOBBS OFFICE