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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
Form C-103  
Effective 1-1-66  
N.M.C.C.

JUN 29 2 23 PM '67

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>TEXAS PACIFIC OIL COMPANY</b>	8. Farm or Lease Name <b>Clift</b>
3. Address of Operator <b>P. O. Box 1069 - Hobbs, New Mexico</b>	9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>M</b> <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>8</b> TOWNSHIP <b>23-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Langlie Mattix-Jalnat</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3328.1' GR</b>	12. County <b>Lea</b>

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

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

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. Spud well 6-23-67.
2. Ran 10 jts. 8-5/8" 24# & 28# casing. Set @ 336'.
3. Cemented w/300 sks. Cement + 4% Gel + 2% CA CL.
4. Pumped plug to 306'. Cement circulated. WOC. 18 hrs.
5. Tested casing to 800#. Tested OK.

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

SIGNED William Ward TITLE Area Superintendent DATE 6-28-67

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: