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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name
- - - -

2. Name of Operator
Morris R. Antwell

8. Farm or Lease Name
Martha Forrest

3. Address of Operator
Box 2010, Hobbs, New Mexico 88240

9. Well No.
4

4. Location of Well

UNIT LETTER **L** , **1650** FEET FROM THE **South** LINE AND **330** FEET FROM

THE **West** LINE, SECTION **24** TOWNSHIP **25S** RANGE **36E** NMPM.

10. Field and Pool, or Wildcat
Jalmat

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐

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.

Proposed to P. & A. as follows:

1. Set BP or 30 sx. cement plug at top of perfs 3174'.
2. Cut and pull estimated 1500' 5-1/2" casing.
3. Load hole with mud-laden fluid.
4. Spot 35 sx. cement plug across top 5-1/2" casing stub.
5. Spot 35 sx. cement plug across top salt @ 1121'.
6. Spot 35 sx. cement plug across 8-5/8" shoe @ 520'.
7. Spot 10 sx. surface plug w/marker.

Expires 2/1/75

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

SIGNED *R M Williams*   TITLE **Agent**   DATE **23 October, 1974**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: