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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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER -		7. Unit Agreement Name
2. Name of Operator Apollo Oil Company		8. Farm or Lease Name Brown
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 25 S RANGE 36 E NMPM.		10. Field and Pool, or Wildcat Jalmat Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3065		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 checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 1103.

It is proposed to pull tubing, clean out to total depth, treat with 250 gallons acid and return well to production.

Expire 6/1/77

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

SIGNED *M. S. Hall* TITLE Agent DATE 5/26/76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: