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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
3. Address of Operator		9. Well No.
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER G , 1980 FEET FROM THE North LINE AND 1980 FEET FROM		Langlie Mattix
THE East LINE, SECTION 34 TOWNSHIP 24-S RANGE 37-E NMPM.		7 Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
		Lea

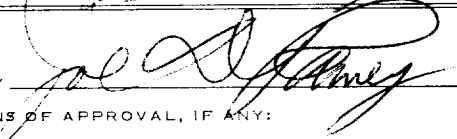
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <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.

Cleaned out from 3088' to 3548'. Ran GR-N log from 2400' to 3433'. Installed pumping equipment. Ran rods, pump and tubing. Started well pumping. Producing status changed from TA to pumping oil well 12-30-68.

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

SIGNED  TITLE **Asst. Dist. Superintendent** DATE **12-31-68**

APPROVED BY  TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: