| NO. OF COPIES RECEIVED                  |                                                                      |                                                      |                                              |                       | Form C-103                              |
|-----------------------------------------|----------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|-----------------------|-----------------------------------------|
| DISTRIBUTION                            |                                                                      |                                                      |                                              |                       | Supersedes Old<br>C-102 and C-103       |
| ANTA FE                                 | NE                                                                   | W MEXICO OIL CONSE                                   | ERVATION COMM                                | ISSION                | Effective 1-1-65                        |
| FILE                                    |                                                                      |                                                      |                                              | ,                     |                                         |
| J.S.G.S.                                |                                                                      |                                                      |                                              |                       | 5a. Indicate Type of Lease              |
| AND OFFICE                              |                                                                      |                                                      |                                              |                       | State Fee X                             |
| PERATOR                                 |                                                                      |                                                      |                                              |                       | 5. State Oil & Gas Lease No.            |
|                                         |                                                                      |                                                      | <del></del>                                  |                       | mmmmm                                   |
| (DO NOT USE THIS FOR<br>USE *           | SUNDRY NOTICES<br>M FOR PROPOSALS TO DRIL<br>"APPLICATION FOR PERMIT | AND REPORTS ON                                       | WELLS<br>ACK TO A DIFFERENT<br>I PROPOSALS.) | RESERVOIR.            | 7, Unit Agreement Name                  |
| OIL X GAS                               | OTHER-                                                               |                                                      |                                              |                       | South Langlie Jal Unit                  |
| Name of Operator<br>Reserve Oil as      | nd Gas Compan                                                        | У                                                    |                                              |                       | South Langlie Jal Unit                  |
| . Address of Operator                   |                                                                      |                                                      | 70701                                        |                       | 9, Well No.<br>5                        |
| 201 First Savi                          | ngs Building,                                                        | Midland, Texas                                       | 79701                                        |                       | 10. Field and Pool, or Wildcat          |
| . Location of Well  L  UNIT LETTER      |                                                                      |                                                      |                                              | 190 FEET FROM         | 1                                       |
|                                         |                                                                      | 25-S                                                 |                                              |                       |                                         |
|                                         | •                                                                    | Elevation (Show whether                              |                                              |                       | 12. County                              |
|                                         | 111111111111111111111111111111111111111                              | Elevation (2 now whether                             | Dr, KI, OK, etc.)                            | į                     | Lea                                     |
| <u> </u>                                |                                                                      |                                                      |                                              |                       |                                         |
|                                         | Check Appropriate<br>E OF INTENTION                                  | Box To Indicate N<br>ro:                             | ature of Notice                              |                       | er Data<br>REPORT OF:                   |
| <u></u>                                 | ٦                                                                    | [—]                                                  |                                              |                       |                                         |
| PERFORM REMEDIAL WORK                   |                                                                      | PLUG AND ABANDON                                     | REMEDIAL WORK                                | 님                     | ALTERING CASING                         |
| TEMPORARILY ABANDON                     |                                                                      |                                                      | COMMENCE DRILLI                              | <del>1</del>          | PLUG AND ABANDONMENT                    |
| PULL OR ALTER CASING                    | }                                                                    | CHANGE PLANS                                         | CASING TEST AND                              | "Brac                 | denhead Inspection                      |
|                                         |                                                                      |                                                      | OTHER                                        |                       |                                         |
| OTHER                                   |                                                                      |                                                      |                                              |                       |                                         |
| 17. Describe Proposed or Co.            | mpleted Operations (Clea                                             | rly state all pertinent det                          | ails, and give perti                         | ient dates, including | estimated date of starting any proposed |
| work) SEE RULE 1103.                    |                                                                      |                                                      |                                              |                       |                                         |
| conducted by                            | the New Mexico                                                       | ormed in conju<br>o Oil Conservat<br>to expose the o | ion Commi                                    | ssion on Feb          | ruary 11 and 12, 1974:                  |
| strin                                   | ng of pipe ceme<br>ading the tubing                                  | nted in the well                                     | and all sub                                  | sequent hea           | ds to and                               |
| abov                                    | opening from a<br>e the surface.<br>rence.                           | ll bradenheads<br>Valves above                       | was connecthe surface                        | ted to a seco         | ond valve<br>ed for future              |
| The purpose of down to the ba           | of filing this For                                                   | orm C-103 is to<br>future Casing                     | avoid the<br>Leak Surve                      | necessity of ys.      | digging out                             |
| 18. I hereby certify that the           | information above is true                                            | and complete to the best                             | of my knowledge a                            | nd belief.            |                                         |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | O                                                                    |                                                      | District M                                   | anager                | March 1, 1974                           |
| SIGNED SIME                             | Jr. lever                                                            | TITLE                                                |                                              |                       | STAG                                    |
|                                         |                                                                      |                                                      |                                              |                       |                                         |

CONDITIONS OF APPROVAL, IF ANY: