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ROBERTS & ASSOCIATES, P. C. C.
 NEW MEXICO OIL CONSERVATION COMMISSION
 MAR 3 11 37 AM '67

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.
7. Unit Agreement Name
8. Farm or Lease Name Stuart Tr. 9
9. Well No. 3
10. Field and Pool, or Wildcat Langlie-Mattix
12. County Lea

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator George L. Buckles Company 3. Address of Operator P. O. Box 56 - Monahans, Texas 79756 4. Location of Well UNIT LETTER A , 660 FEET FROM THE N LINE AND 660 FEET FROM THE E LINE, SECTION 15 TOWNSHIP 25-S RANGE 37-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) GR-3106.8	7. Unit Agreement Name 8. Farm or Lease Name Stuart Tr. 9 9. Well No. 3 10. Field and Pool, or Wildcat Langlie-Mattix
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

Proposal is to clean out well to total depth and install pumping equipment in an attempt to restore oil production.

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

SIGNED John A. Bates (John A. Bates) TITLE Office Manager DATE March 2, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: