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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 Date of Report **MAR 24 1970**

State ☐ Fee ☒

5. State Oil & Gas Lease No. **NMJ-578 BBS**

## 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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Salt Water Injection</b>	7. Unit Agreement Name
2. Name of Operator <b>TEXAS PACIFIC OIL COMPANY, INC.</b>	8. Farm or Lease Name <b>HARNER</b>
3. Address of Operator <b>P.O. Box 1069 - Hobbs, New Mexico 88240</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>0</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>20</b> TOWNSHIP <b>25-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Jalmat</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3043' GR</b>	12. County <b>Lea</b>

16.

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

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☒

CHANGE PLANS ☐

OTHER ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

1. Displace well fluids with mud laden fluid.
2. Spot 80 sx cement thru open end tubing over perforated interval 2600-3158' in 5-1/2" casing.
3. Spot 10 sx cement at surface. (No casing to be recovered).
4. Set dry hole marker and fill cellar.
5. Clean location.

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

Original Signed by

SIGNED Sheldon Ward TITLE Area Superintendent DATE 3-23-70

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: