

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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.	
7. Unit Agreement Name	
8. Farm or Lease Name <b>GUTMAN</b>	
9. Well No. <b>2</b>	
10. Field and Pool, or Wildcat <b>Langle Mattix</b>	
12. County <b>Lea</b>	

**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.)

OIL WELL ☐ GAS WELL ☐ OTHER- **Salt Water Disposal**

Name of Operator  
**TEXAS PACIFIC OIL CO., INC.**

Address of Operator  
**P. O. Box 1069 - Hobbs, New Mexico 88240**

Location of Well  
UNIT LETTER **J** **2310** FEET FROM THE **South** LINE AND **1650** FEET FROM  
THE **East** LINE, SECTION **29** TOWNSHIP **25** RANGE **37** NMPM.

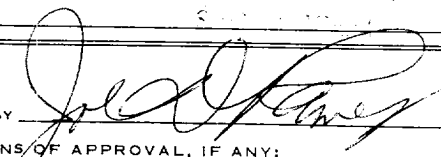
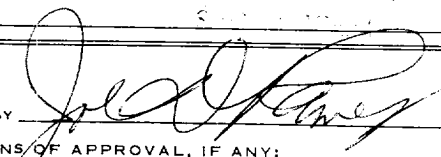
15. Elevation (Show whether DF, RT, GR, etc.)  
**3028' GP**

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>

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. Move in, rig up, pull tubing. Load casing with mud.
2. Spot 50 sks cement plug @ PBTD (3115').
3. Spot 10 sks cement plug @ surface.
4. Cut off well head and cap with cement.
5. Set dry hole marker and clean location. Cut dead men.

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

Original Signed by  
ED  TITLE **Area Superintendent** DATE **3-1-71**  
APPROVED BY  TITLE **Area Superintendent** DATE **MAR 2 1971**  
CONDITIONS OF APPROVAL, IF ANY: