

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.	

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>TEXAS PACIFIC OIL COMPANY</b>		8. Farm or Lease Name <b>Legal</b>
3. Address of Operator <b>P. O. Box 1069 - Hobbs, New Mexico</b>		9. Well No. <b>4</b>
4. Location of Well UNIT LETTER <b>J</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1915</b> FEET FROM THE <b>East</b> LINE, SECTION <b>31</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>2989' GL</b>		12. County <b>Lea</b>

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input 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 checked="" type="checkbox"/> <b>TEMPORARILY ABANDONED</b>

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.

**HELD FOR POSSIBLE SECONDARY RECOVERY.**

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

SIGNED **Original signed by: Sheldon Ward** TITLE **Area Superintendent** DATE **11-10-66**

APPROVED BY  TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: