| NO. OF CO PECEIVED                             |  | B                              |
|--|--|--------------------------------|
| DISTRIBUTION                                   | •  | Form C-103<br>Supersedes Old   |
| JANTA FE                                       | NEW MEXICO OIL CONSERVATION COMMISSION   | C-102 and C-103                |
| FILE   |  | Effective 1-1-65               |
| U.S.G.S.                                       |  | 5a. Indicate Type of Lease     |
| LAND OFFICE                                    |  | State Fee. X                   |
| OPERATOR                                       |  | 5. State Oil & Gas Lease No.   |
|  |  |                                |
| SUN<br>DO NOT USE THIS FORM FOR<br>USE "APPLIE | DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. CATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)   |                                |
| OIL GAS WELL WELL                              | OTHER-   | 7. Unit Agreement Name         |
| 2. Name of Operator                            | 1 - 1 10: 1 1 1  | 8. Farm or Lease Name          |
| Address of Operator                            | file of the state  | 9. Well No.                    |
| 4. Location of Well                            | 67, 713 ed 200 1 78 des 79001  | 15                             |
| UNIT LETTER                                    | 1980 FEET FROM THE SQUITE 1020   | 10. Field and Pool, or Wildcat |
| - C7.50 /                                      | TION TOWNSHIP OF TOWNSHIP  |                                |
| THE LINE, SEC                                  | RANGE NMPM.  |                                |
|  | 15. Elevation (Show whether DF, RT, GR, etc.)  | 12. County                     |
| Check  | Appropriate Box To Indicate Nature of Notice, Report or Oth  | er Data                        |
| NOTICE OF                                      | INTENTION TO: SUBSEQUENT   | REPORT OF:                     |
| PERFORM REMEDIAL WORK                          | PLUG AND ABANDON REMEDIAL WORK   | ALTERING CASING                |
| TEMPORARILY ABANDON                            | COMMENCE DRILLING OPNS.  | <del></del>                    |
| PULL OR ALTER CASING                           | CHANGE PLANS CASING TEST AND CEMENT JOB  | PLUG AND ABANDONMENT           |
|  | OTHER  | Jell Status 17                 |
| OTHER  |  |                                |
| 7. Describe Proposed or Completed              | Operations (Clearly state all pertinent details, and give pertinent dates, including   |                                |
|  |  |                                |
| Well shut                                      | in. TA'd in 1964 due to u  | Mecanamical                    |
|  |  | a recording to the det         |
| rate, ruti                                     | rie mork dependent on res  | ults of                        |
| recompletion                                   | are work dependent on res  |                                |
| recompletio                                    | on of well to 11 to Jalmat   | rates,                         |
|  |  | •                              |
|  |  |                                |
|  |  |                                |
|  |  |                                |
|  |  |                                |
|  | $oldsymbol{arphi}$   | 1//                            |
|  | Expires  | 11/1/75                        |
|  | CX PU CX J   | 1/1/19                         |
|  |  | ·                              |
|  |  |                                |
|  |  |                                |
|  |  |                                |
| . I hereby certify that the information        | n above is true and complete to the best of my knowledge and belief.   |                                |
| 0 ^  | A somplete to the best of my knowledge and belief.   | •                              |
| ENED Floyd 7                                   | Might Area Supt.   | 11<br>10-6-74                  |
| <u> </u>                                       | Orig. Sign of the  | DATE                           |
| PROVED AV                                      | in the control of the |                                |
| INDITIONS OF APPROVAL, IF ANY                  | TITLE  | DATE                           |

## RECEIVED

NOV 7 674

OIL CONSERVATION COMM. HOBBS, N. M.