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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 6-1-65

MAY 13 7 56 AM '66

5a. Indicate Type of Lease  
State ☐ Fee ☒

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>Winningham</b>
3. Address of Operator <b>P.O. Box 1069 - Hobbs, New Mexico</b>	9. Well No. <b>5</b>
4. Location of Well UNIT LETTER <b>J</b> <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM <b>East</b> THE LINE, SECTION <b>30</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>3021' GL</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 JOB ☐  
OTHER ☒ **TEMPORARILY ABANDONED**

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.

**HELD FOR POSSIBLE SECONDARY RECOVERY.**

DO NOT BE MOVED  
THIS FORM IS TO BE  
FILED IN THE  
FILE

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 **5-10-66**

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: