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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 10-65

AUG 15

4. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. NMJ-540
7. Unit Agreement Name
8. Farm or Lease Name EATON S.W.
9. Well No. 10
10. Field and Pool, or Wildcat Justis
12. County Lea

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-
2. Name of Operator TEXAS PACIFIC OIL COMPANY
3. Address of Operator P. O. Box 1069 - Hobbs, New Mexico
4. Location of Well UNIT LETTER N , 500 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 25-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3090.8' GR

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
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. Drilled to TD-6200'. Ran 194 jts. 14# & 15.5# 5-1/2" casing. Set @ 6178'.
2. Cemented w/320 sks. incor + 6% gal. + 8.6# salt per sk.; 300 sks. incor + 2% gel. + 6.5# salt per sk.
3. Pumped plug to 6142'. WOC 24 hrs.
4. Tested casing to 1000#. Tested OK.
5. Temperature survey indicates TC-2345'.
6. Preparing for completion.

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

Original Signature
Sheldon Ward

SIGNED _____

TITLE **Area Superintendent**

DATE **8-16-67**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: