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NEW MEXICO OIL CONSERVATION COMMISSION

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

Aug 11 11 38 AM '67

5a. Indicate type of Lease	Fee <input type="checkbox"/>
State <u>28</u>	
5. State Oil & Gas Lease No.	
NMJ-540	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL COMPANY	8. Farm or Lease Name Eaton S. W.
3. Address of Operator P. O. Box 1069 - Hobbs, New Mexico	9. Well No. 10
4. Location of Well UNIT LETTER <u>N</u> <u>500</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>12</u> TOWNSHIP <u>25-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Justis
15. Elevation (Show whether DF, RT, GR, etc.) 3090.8' GR	12. County Lea

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

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 950'. Ran 15 jts. 8-5/8" 24# J-55 Casing to 950'.
2. Cemented w/500 sks. reg. + 5% Gel + 2% CA CL.
3. Pumped plug to 932'. Cemented Circulated. W.O.C. 24 hrs.
4. Tested casing to 800#. Tested O.K.

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

SIGNED [Signature] TITLE Area Superintendent DATE 8-3-67

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: