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# NEW MEXICO OIL CONSERVATION COMMISSION

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

Nov 15 8 35 AM '65

1. Indicate Type of Lease	State <input checked="" 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 checked="" 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>Van Zandt</b>
3. Address of Operator <b>P.O. Box 1069 - Hobbs, New Mexico</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>I</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>25</b> TOWNSHIP <b>24</b> RANGE <b>36</b> NMPM.	10. Field and Pool, or Wildcat <b>Jalmar Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3279' GL</b>	12. County <b>Lea</b>

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 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 type="checkbox"/>	
OTHER <b>Temporarily Abandoned</b> <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.

**Temporarily Abandoned. Held for remedial work and secondary recovery possibilities.**

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

SIGNED H. W. DEATS TITLE Area Engineer DATE 11-11-65

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

CONDITIONS OF APPROVAL, IF ANY: