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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65  
May 10 4 05 PM '69

5d. Indicate type of Lease	State <input checked="" type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	None

## 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	None
3. Address of Operator	8. Farm or Lease Name
P. O. Box 728, Hobbs, New Mexico 88240	E. D. Fanning
4. Location of Well	9. Well No.
UNIT LETTER B, 660 FEET FROM THE North LINE AND 1980 FEET FROM East 4, 24-S, 37-E	2
15. Elevation (Show whether DF, RT, GR, etc.)	10. Field and Pool, or Wildcat
3277' (D. F.)	Langlie Mattix
	12. County
	Lea

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 Shut Well In <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.

Subject well was shut in effective May 14, 1969. It is requested that the well be reclassified from its present status to TRO (To Be Re-conditioned) - Held for Secondary Recovery.

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

SIGNED <i>[Signature]</i>	TITLE Assistant District Superintendent	DATE May 14, 1969
APPROVED BY <i>[Signature]</i>	TITLE	DATE May 15 1969
CONDITIONS OF APPROVAL, IF ANY:		