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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State <input type="checkbox"/> FED Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name SOUTH MATIX UNIT
8. Farm or Lease Name
9. Well No. 1
10. Field and Pool, or Wildcat FOWLER ELLENBURGER
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 <input type="checkbox"/>
2. Name of Operator San American Petroleum Corp.
3. Address of Operator Box 68, Hobbs, N. M.
4. Location of Well UNIT LETTER J 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 15 TOWNSHIP 24-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3255' R.D.B.

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Tubing Test - Special <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.

In reference to packer leakage test dated 3-19-65, the Ellenburger tubing string was pressure tested to 2016 psig for 35 minutes on 4-7-65 with no pressure decrease.

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

Original Signed By
Y. E. STALEY

SIGNED **Y. E. STALEY** TITLE **Area Supt** DATE **4-7-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
0+2 NMOCC Nobbs