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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 checked="" type="checkbox"/>	Fee <input 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>DRY HOLE</u>		7. Unit Agreement Name
2. Name of Operator <u>Dr. ROBERT T. SMITH</u>		8. Farm or Lease Name
3. Address of Operator <u>2626 Adams DENVER, Colo 80205</u>		9. Well No. <u>N.M. STATE A#1</u>
4. Location of Well UNIT LETTER <u>A</u> , <u>400</u> FEET FROM THE <u>N</u> LINE AND <u>990</u> FEET FROM THE <u>E</u> LINE, SECTION <u>A-32</u> TOWNSHIP <u>20 NORTH</u> RANGE <u>9 WEST</u> N.M.P.M.		10. Field and Pool, or Wildcat <u>WILDCAT</u>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <u>McKinley</u>

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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒
OTHER ☐

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.

Plugged From Top to Bottom with 5 sacks to
the barrel of cement. Placed Dry Hole
Marker in accordance to rule 201.
D: ABANDONMENT AND PLUGGING OF WELLS



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

SIGNED ORVILLE S. SLAUGHTER JR TITLE Operator DATE AUG 30, 1973

Original Signed by A. R. Kendrick
APPROVED BY _____

PETROLEUM ENGINEER DIST. NO. 3
TITLE _____

DATE OCT 2 1973

CONDITIONS OF APPROVAL, IF ANY:

