

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

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 ☐ GAS WELL ☐ OTHER- <u>WATER INJECTION WELL</u>	7. Unit Agreement Name
2. Name of Operator <u>TESORO PETROLEUM CORPORATION</u>	8. Farm or Lease Name <u>SANTA FE RR 'B'</u>
3. Address of Operator <u>8700 TESORO DRIVE, SAN ANTONIO, TX 78286</u>	9. Well No. <u>38</u>
4. Location of Well UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>990</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>5</u> TOWNSHIP <u>17N</u> RANGE <u>8W</u> N.M.P.M.	10. Field and Pool, or Whelan <u>HOSPAN</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>6890' GR</u>	12. County <u>McKINLEY</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	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.

WELL WAS P&A. Spotted 12 sx cement from 1507'-1607'
and 12 sx cement from 0'-100'.

Plugging was witnessed by CHARLES GHOLSON, Field
Rep, NM Oil Conservation Division.

RECEIVED

SEP 08 1987

OIL CON. DIV.
DIST. 3

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

SIGNED Robert H. Gholson

TITLE AREA PRODUCTION FOREMAN

DATE 8/26/87

APPROVED BY Charles Gholson

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE SEP 08 1987

CONDITIONS OF APPROVAL, IF ANY: