

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
Olivas Fee

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- Dry Hole	7. Unit Agreement Name
2. Name of Operator Benson-Montin-Greer Drilling Corp.	8. Farm or Lease Name Olivas
3. Address of Operator 221 Petroleum Center Building, Farmington, NM 87401	9. Well No. #1 (E-3)
4. Location of Well UNIT LETTER <u>E</u> , <u>1650</u> FEET FROM THE <u>north</u> LINE AND <u>990</u> FEET FROM THE <u>west</u> LINE, SECTION <u>3</u> TOWNSHIP <u>26N</u> RANGE <u>1E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 6913' GL	12. County Rio Arriba

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 ☐

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.

Operator decision to plug and abandon.

RECEIVED
SEP 27 1983
OIL CONSERVATION
DIST. #3

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

SIGNED August A. Stroh TITLE Vice-President DATE Sept. 26, 1983

Original Signed by CHARLES GHOLSON

APPROVED BY _____ TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE _____

CONDITIONS OF APPROVAL, IF ANY: