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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"/> Indian Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator W. C. IMBT 3. Address of Operator 210 West 38th Street, Farmington, New Mexico 87401 4. Location of Well UNIT LETTER N 165' FEET FROM THE South LINE AND 2475' FEET FROM THE West LINE, SECTION 7 TOWNSHIP 29-North RANGE 16-West NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 5063' Gr.	7. Unit Agreement Name 8. Farm or Lease Name Navajo 7 9. Well No. 2 10. Field and Pool, or Wildcat Hogback Dakota 12. County San Juan

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 checked="" 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 JOBS <input 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.

1. Temporarily abandoned.
2. Approximately April, 1969.
3. Abandoned because oil percentage decreased to the point that it was no longer economical to produce.
4. Would prefer to hold in present status as a possible injection well in a future pressure maintenance program.
5. No date can be forecast when this may take place.

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

ORIGINAL SIGNED BY
W. C. IMBT

SIGNED _____ TITLE **Operator** DATE **9-17-74**

Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

SEP 20 1974

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: