

NEW MEXICO OIL CONSERVATION COMMISSION

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| | |
|--------------------------------|---|
| 5a. Indicate Type of Lease | |
| State <input type="checkbox"/> | Fee <input checked="" 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 ☒ GAS WELL ☐ OTHER-

2. Name of Operator
W. P. Carr

3. Address of Operator
Box 234, Farmington, NM 87401

4. Location of Well
UNIT LETTER C 1044 FEET FROM THE North LINE AND 1847 FEET FROM
THE West LINE, SECTION 7 TOWNSHIP 31N RANGE 10W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
5882' GR

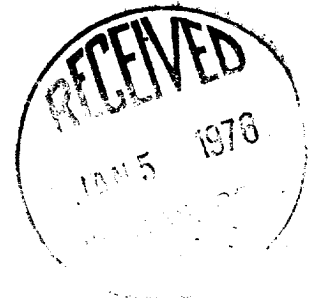
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|--|
| 7. Unit Agreement Name |
| 8. Farm or Lease Name Larcher |
| 9. Well No. 1-A |
| 10. Field and Pool, or Wildcat Blanco-Mesaverde |
| 12. County San Juan |

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input checked="" 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"/> | Completion <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.

SEE ATTACHED REPORT



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

SIGNED Thomas A. Dugan TITLE Engineer DATE 1-2-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: