Submit 3 Copies to Appropriate
District Office

State of New Mexico linerals and Natural Resources Department Energ

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II Santa En Nov. Marino 97504 2000		30-023-36813	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease	
DISTRICT III			STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. V-1092
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"			7. Lease Name or Unit Agreement Name
	OR SUCH PROPOSALS.)	TIMI I	
1. Type of Well:			
OIL XX GAS WELL OTHER		Terra Exxon 23 State	
2. Name of Operator			8. Well No.
Terra Resources, Inc.			9. Pool name or Wildcat
3. Address of Operator 10 Desta Drive, Suite 500W, Midland, TX 79705			Reeves, Penn
4. Well Location			
Unit Letter H: 1980 F	ect From The North	Line and99	Feet From The Line
Section 23 To	ownship 18S Ra	nge 35E h	NMPM Lea County
Securii — 1	10. Elevation (Show whether	mRc i	
//////////////////////////////////////			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSE			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. XX PLUG AND ABANDONMENT	
PULL OR ALTER CASING	NG CASING TEST AND CEMENT JOB		
OTHER:		OTHER:	
12. 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.	-		
Set surface casing: 12/5/88 Circulated			ted 42 sx cement to surface
Casing depth: 415'			
Size: 13-3/8"			
Weight: 48#			
Cemented with 420 sx Class "C" w/2% CaCl, 1/4#/sx Flocele WOC: 12 hours			
WOC: 12 hours Pressure test casing to 1000 psi.			
recours cost casting to	——————————————————————————————————————		
			•
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Operations Engineer 1/3/89			
SIGNATURE _ C. / When I will	10	_	ngineer 1/3/89

C. Rboert Winkler III TELEPHONE NO. TYPE OR PRINT NAME (This space for State Use) JAN 06 1983 ORIGINAL SIGNED BY JERRY SEXTON

TITLE

APPROVED BY -CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR