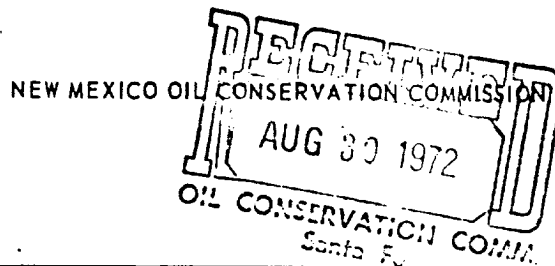


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LAND OFFICE	
OPERATOR	



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.		

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> TEMPORARILY ABANDONED	7. Unit Agreement Name
2. Name of Operator ODESSA NATURAL CORPORATION	8. Farm or Lease Name Odessa Natural Corp. W S Ranch
3. Address of Operator P. O. Box 3908, Odessa, Texas 79760	9. Well No. 3
4. Location of Well UNIT LETTER M 342 FEET FROM THE West LINE AND 537 FEET FROM THE South LINE, SECTION 24 TOWNSHIP 29N RANGE 19E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) GR 7271' KB 7284'	12. County Colfax

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 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"/>	OTHER <input checked="" type="checkbox"/> Temporarily Abandoned

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.

AUGUST 29, 1972 TD 5084' PBD 2914' COTD 2551'

This well was temporarily abandoned as follows:

(1) Set 25 sx reg. cement plug 2225' to 2350'.

Distribution:

3/NMOCC-Santa Fe, 1/WSRanch, 1/RLH, 1/JH, 1/JJS, 1/WF

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

SIGNED <u>John J. Strojek</u>	TITLE <u>MANAGER - PRODUCTION DEPT.</u>	DATE <u>8/29/72</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>Oil & Gas Inspector</u>	DATE <u>8/30/72</u>
CONDITIONS OF APPROVAL, IF ANY		