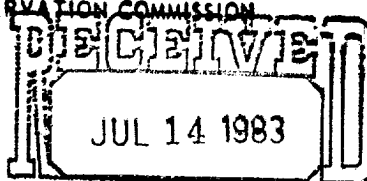


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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION



Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-83

5a. Indicate Type of Lease
State ☐ Fee ☒
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 DEPTH. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER- Dry hole	7. Unit Agreement Name None
2. Name of Operator TRUE OIL COMPANY	8. Farm or Lease Name Medina
3. Address of Operator P. O. Drawer 2360, Casper, Wyoming, 82602	9. Well No. 21
4. Location of Well UNIT LETTER <u>C</u> <u>916</u> FEET FROM THE <u>North</u> LINE AND <u>2293</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>24N</u> RANGE <u>16E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 9392' gr	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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 1703.

- Spudded 2/20/82 - rotary tools;
- Total depth of 9139' reached 3/30/82 - dry hole;
- Plugs as follows:
Plug #1: 5142-4950', 75 sx
Plug #2: 75 sx, 1/2 in, 1/2 out surface pipe
Plug #3: 25 sx at surface
- Plug and abandon 4/7/82;
- Cleaned, levelled and reseeded; final inspection 7/8/83.

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

SIGNED <u>Gerald R. Kennedy</u>	TITLE <u>Landman</u>	DATE <u>7/11/83</u>
Gerald R. Kennedy		
APPROVED BY <u>Carl Ulvog</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>7/14/83</u>
CONDITIONS OF APPROVAL, IF ANY:		