

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name James H. Simpson	
9. Well No. 1	
10. Field and Pool, or Wildcat Wildcat	
12. County Guadalupe	

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.)

OIL WELL ☐ GAS WELL ☐ OTHER- Dry Hole

Name of Operator
Trans Pecos Resources, Inc.

Address of Operator
500 Dallas St, Suite 2700, Houston, Texas 77002

Location of Well
UNIT LETTER B 660 FEET FROM THE north LINE AND 1980 FEET FROM
THE east LINE, SECTION 21 TOWNSHIP 10N RANGE 23E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4664' DF

6. 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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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.

On June 21, 1985, or as soon as weather permits, will M.I. equipment and retrieve tubing stuck in hole down to $\pm 3750'$. Will set 25 SK plug across 3700' @ base of Abo. Will set 25 SK plug across 3070', base of 8 5/8" casing Will set 10 SK plug at surface and cut off well head and weld on marker post and clean up location according to N.M.O.C.D. regulations.

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

Signed [Signature] Title Agent Date 06-18-85

(This space for State Use)

APPROVED BY [Signature] TITLE OR DATE 6-18-85

CONDITIONS OF APPROVAL, IF ANY: