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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> <u>Co₂</u> OTHER-	7. Unit Agreement Name
2. Name of Operator <u>TRACO PRODUCTION COMPANY</u>	8. Farm or Lease Name <u>Culbertson</u>
3. Address of Operator <u>BOX 367, ANDREWS, TEXAS 79714</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-N</u> RANGE <u>32-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Wildcat</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4739' RDB</u>	12. County <u>Harding</u>

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

Well was shut-in 1-18-74 because of no market.
Well will be held in present status pending
market development. Plan to use in tertiary recovery
project.

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

SIGNED [Signature] TITLE ADMINISTRATIVE ASSISTANT DATE OCT 15 1975

012-NMOS SF
1-DIV 1
APPROVED BY [Signature]
1-SUSAN JAD
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____