

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 GAS WELL OTHER-

2. Name of Operator
TERRA RESOURCES, INC.

3. Address of Operator
10 Desta Drive, Suite 500 West, Midland, Texas 79705

4. Location of Well
UNIT LETTER F 1980' FEET FROM THE FSL LINE AND 511' FEET FROM
THE FEL LINE, SECTION 26 TOWNSHIP 13-S RANGE 34-E NMPM.

7. Unit Agreement Name

8. Form or Lease Name
MORGAN

9. Well No.
#1

10. Field and Pool, or Wildcat
~~ROUGH "C"~~ Alston Ranch
Upper Penn

11. Elevation (Show whether DF, RT, GR, etc.)
4115.7' GR

12. County
LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

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 _____

SUBSEQUENT REPORT OF:

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.

Set intermediate casing as follows:

Depth - 4261'
Size - 8-5/8"
Weight - 32 & 24
Hole - 11"

Set with 1300 sx of Class "C" w/10#/sk salt & 5#/sk Gilsonite, followed w/400 sx Class "C" w/1/4#/sk flocele.

90 sx circulated to the surface
WOC 24 hours
Tested casing, blinds 1 hr to 2000 psi

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

SIGNED Jerry Sexton TITLE OPERATIONS ENGINEER DATE 3/3/88

APPROVED BY Jerry Sexton ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE MAR 7 - 1988

CONDITIONS OF APPROVAL, IF ANY: