

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| OPERATOR | |

5a. Indicate Type of Lease

State ☐ Fee ☒

5. State Oil & Gas Lease No.

None

7. Unit Agreement Name

None

8. Farm or Lease Name

Farr

9. Well No.

#2

10. Field and Pool, or Wildcat

Wildcat

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

4752 GR

12. County

Union

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

Mickey Blackwell

3. Address of Operator

Rt 2, Box 173, Tulia, Texas

4. Location of Well

UNIT LETTER B 330 FEET FROM THE North 1650 LINE AND 1650 FEET FROM
THE East 6 LINE, SECTION 6 TOWNSHIP 31N RANGE 34E NMPM.

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:PERFORM REMEDIAL WORK ☐TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐OTHER ☐PLUG AND ABANDON ☐CHANGE PLANS ☐☐☐☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING TEST AND CEMENT JOB ☐OTHER ☐ALTERING CASING ☐PLUG AND ABANDONMENT ☒☐☒☐

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 plugged 6-28-82 by Dowell,
with 55 sks cement, Class H, 4 plugs.
Plug at 1012' - 20 sks; 840' - 15 sks;
220' - 15 sks; 5 sks in top. Steel
plate welded on top of casing with lease
name, well number and survey. There is
200' of 10 3/4" surface casing let in
hole. Monty Farr, owner of land, has
been paid to fill pits and level location
with his dozer.

Dowell report attached.

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

SIGNED Mickey BlackwellTITLE OperatorDATE 7-22-82APPROVED BY [Signature]TITLE [Signature]DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: