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LAND OFFICE	
OPERATOR	

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 ☐ GAS WELL ☐ OTHER- DRY HOLE		7. Unit Agreement Name
2. Name of Operator ODESSA NATURAL CORPORATION		8. Farm or Lease Name Odessa Natural Corp.
3. Address of Operator P. O. Box 3908, Odessa, Texas 79760		9. Well No. 1-X
4. Location of Well UNIT LETTER L 987 FEET FROM THE West LINE AND 2310 FEET FROM THE South LINE, SECTION 30 TOWNSHIP 30N RANGE 20E NMPM.		10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) GR 7057' KB 7070'		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 JOB ☐	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 1103.

AUGUST 31, 1972 TD 5063' PBTD 3750'

It is intended to plug and abandon this well as follows:

- (1) Cut off the 5-1/2" OD casing at free point and recover casing.
- (2) Set 10 sx. reg. cement plug on top of 5-1/2" OD casing stub.
- (3) Set 30 sx. reg. cement plug 160-260' (Bottom of surface casing).
- (4) Set 5 sx. reg. cement plug @ surface w/4" OD x 4' high dry hole marker.

Distribution:

3/NMOCC-Santa Fe, 1/WSRanch, 1/RLH, 1/JH, 1/JJS, 1/WF

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

SIGNED <u>John J. Strojek</u> JOHN J. STROJEK/so	TITLE <u>MANAGER - PRODUCTION DEPT.</u>	DATE <u>8/31/72</u>
APPROVED BY <u>J. E. Kaptana</u>	TITLE <u>Chief Ins. Inspector</u>	DATE <u>9/5/72</u>
CONDITIONS OF APPROVAL, IF ANY:		