

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

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-		5a. Indicate Type of Lease State ☐ Fee ☒
2. Name of Operator Trans Pecos Resources, Inc.		3. State Oil & Gas Lease No.
3. Address of Operator One Allen Center, Suite 2700, 500 Dallas St., Houston, Texas		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>F</u> <u>1680</u> FEET FROM THE <u>North</u> LINE AND <u>1904</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>9N</u> RANGE <u>24E</u> NMPM.		8. Farm or Lease Name <u>atigo Rch., Blk. "B"</u>
		9. Well No. <u>2</u>
		10. Field and Pool, or Wildcat <u>Wildcat</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4801' GL, 4813' KB</u>		12. County <u>Guadalupe</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUS AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUS AND ABANDONMENT ☒
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.

Stuck C.I.B.P. @ 4320' - left in hole
Set C.I.B.P. @ 4250'
Dump bailed 50' cement plug
Loaded hole with water
Set 10' cement plug @ surface
Cut off wellhead
Welded plate w/dry hole marker
Backfilled pits. Reclaimed location to approximate natural contours.

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

SIGNED M. Guzman TITLE Consultant DATE 5-19-86
APPROVED BY Reg E Johnson TITLE DISTRICT SUPERVISOR DATE 5-20-86
CONDITIONS OF APPROVAL, IF ANY: