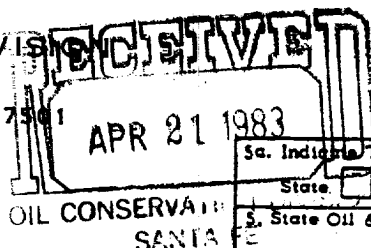


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



Form C-103
Revised 10-1-78

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-	7. Unit Agreement Name N/A
2. Name of Operator Powell-Walters	8. Farm or Lease Name A.D. Formwalt
3. Address of Operator 1312 Camino Ecuestre, N.W., Albuquerque, N.M. 87107	9. Well No. One (1)
4. Location of Well UNIT LETTER <u>P</u> <u>742</u> FEET FROM THE <u>East</u> LINE AND <u>907</u> FEET FROM THE <u>South</u> LINE, SECTION <u>18</u> TOWNSHIP <u>5N</u> RANGE <u>11E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 6188	12. County Torrance

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 JOBS ☐	

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.

Operators in litigation with company who performed the perforation and frac on the well. Request permission to leave as is in the event we need to have log or additional work done. Casing was ruptured in 2 places and the explosive carrier also was fragmented in the hole.

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR
TEMPORARY ABANDONMENT STATUS EXPIRES 6-21-83

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

SIGNED <u>J. C. Powell, Jr.</u>	TITLE <u>Operator</u>	DATE <u>4-20-83</u>
APPROVED BY <u>Carl Ulloa</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>4-22-83</u>
CONDITIONS OF APPROVAL, IF ANY:		