

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

OCT 23 1980

C. C. D.
ARTESIA OFFICE

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 REPER 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
2. Name of Operator Fred Pool Drlg. Co.		8. Farm or Lease Name Corn Bros. Inc.
3. Address of Operator Clovis Star Rt., Box 1300, Roswell, N.M. 88201		9. Well No. 1
4. Location of Well UNIT LETTER <u>B</u> <u>1980</u> FEET FROM THE <u>E</u> LINE AND <u>660</u> FEET FROM THE <u>N</u> LINE, SECTION <u>19</u> TOWNSHIP <u>6S</u> RANGE <u>25E</u> N.M.P.M.		10. Field and Pool, or Wildcat Wildcat, Abo
11. Elevation (Show whether DF, RT, GR, etc.) 3856.22		12. County chaves

16. 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 ☐	
		OTHER <u>13 3/8 casing</u>	

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.

Spudded well 9:45 a.m. Sept. 30, 1980.

10-21-80 Set 303 ft. 13 3/8 casing, new 48# MRJ 8rd. ST & C.
Cemented with 300 sacks Class C, 2% Calcium Chloride; cement
circulated. W O C 24 hrs.

9:30 p.m. 10-22-80 commenced drilling operations to set 8 5/8
casing.

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

SIGNED Deeta Pool TITLE Secretary DATE 10-25-80

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: