

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO.

30-005-61981

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

CANON "A" COM

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. Type of Well:

Oil Well ☐ Gas Well ☒ Other

2. Name of Operator SANDERS OIL & GAS CO  
SANCO OPERATING CO

8. Well No.

41

3. Address of Operator  
PO Box 797005, DALLAS, TX 75371-7005

9. Pool name or Wildcat

TRLOS ADO

4. Well Location

Unit Letter I : 1980 feet from the SOUTH line and 660 feet from the EAST line

Section 18 Township 10 S Range 25 E NMPM County CHAVES

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3525

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: INTIGERITY TEST ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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. For Multiple Completions : Attach wellbore diagram of proposed completion or recompilation.

Request to Continue TA Status

Dec 2005

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

SIGNATURE C.W. Sanders TITLE OWNER DATE 12-13-00

Type or print name C.W. SANDERS Telephone No. (972) 664-0000  
(This space for State use)

APPROVED BY [Signature] TITLE Field Rep 1 DATE 12-21-00

Conditions of approval, if any:

