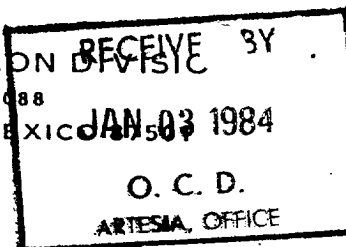


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87507



Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG8357

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Wallace Oil & Gas, Inc. ✓	8. Farm or Lease Name State C
3. Address of Operator 50 Penn Place, Suite 850, Okla. City, OK 73118	9. Well No. 1
4. Location of Well UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 4S RANGE 29E NMPM.	10. Field and Pool, or Wildcat Wildcat/Montoya
15. Elevation (Show whether DF, RT, GR, etc.) Gr. 4721.4' KB 4742'	12. County Chaves

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

11/25/83 Commenced drilling operations.
12/24/83 Reached T.D. at 8470'. At 7:00 p.m. started logging well.
12/26/83 Finished logging. After evaluating logs, have decided to Plug and Abandon location.

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

SIGNED Phyllis L. Smith TITLE Production Sec. DATE 12/28/83

APPROVED BY _____ TITLE Original Signed By
Leslie A. Clements
SUPERVISOR DISTRICT II DATE JAN 04 1984

CONDITIONS OF APPROVAL, IF ANY: