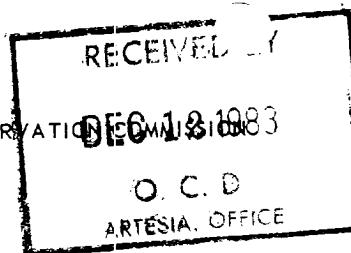
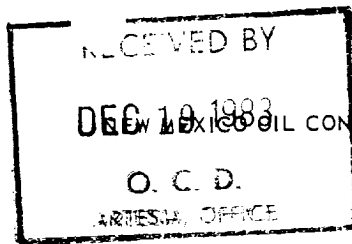


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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>



Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

LG - 1465

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
3. Address of Operator Orla Petco, Inc. ✓	9. Well No. Gulf - State
4. Location of Well P.O. Box 953 Midland, Texas 79702	10. Field and Pool, or Wildcat 1
UNIT LETTER <u>O</u> <u>660</u> FEET FROM THE <u>S</u> LINE AND <u>1980</u> FEET FROM THE <u>E</u> LINE, SECTION <u>14</u> TOWNSHIP <u>14S</u> RANGE <u>29E</u> NMPM.	11. Und, Double L (Queen) Assoc.
15. Elevation (Show whether DF, RT, GR, etc.) 3765.5'	12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
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.

11-11-83

Setting & cementing of surface casing. Ran 8 5/8" of J55 casing to 300'; cemented with 100 sx of Class "C" cement, 2% CACL, circulated 20 sx to pit. Waited on cement for 18 hrs. Drilled out plug on 11-13-83.

CABLE TOOL RIG - NO PRESSURE TESTING EQUIPMENT AVAILABLE. THE CASING WEIGHT IS 24#.

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

SIGNED Michael R. Kline TITLE Agent DATE 11-30-83

APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE DEC 19 1983

CONDITIONS OF APPROVAL, IF ANY: