

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

JOHN H. TRIGG

3. Address of Operator

P. O. BOX 520, ROSWELL, N.M. 88202

8. Well No.

7

9. Pool name or Wildcat

UNDESIGNATED

4. Well Location

Unit Letter _____: 1650 Feet From The SOUTH _____ Line and 990 Feet From The WEST _____ Line

Section 35

Township 165

Range 28E

NMPM EDDY CO. NM

County

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

GL 3621.4

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 ☐

OTHER: _____ ☐

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.

CUT & PULL 4-1/2 CSG. FROM 1170

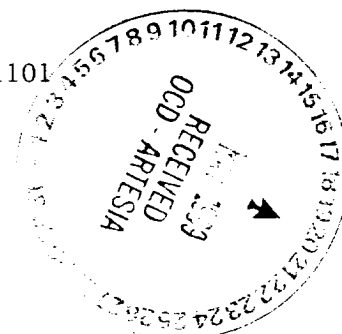
4-26-99: (1): TAG PLUG @ 1227

4-26-99: (2): SPOT 30 SX. CMT. STUB PLUG @ 1227 & WOC TAG @ 1101

4-27-99: (3): SPOT 40 SX. CMT. PLUG @ 449 - 349

4-27-99: (4): SPOT 10 SX. CMT. SURF. PLUG @ 30 - 3

4-28-99: (5): INSTALL DRY HOLE MARKER CLEAN LOC.



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

SIGNATURE

ROGER MASSEY

TITLE SENIOR SUPERVISOR

DATE 4-28-99

TYPE OR PRINT NAME

ROGER MASSEY

TELEPHONE NO. (915) 570-0646

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: