

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-22309

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.)

7. Lease Name or Unit Agreement Name
Palmillo State Com

1. Type of Well:
OIL WELL ☒ GAS WELL ☒ OTHER **Dual Completion**

2. Name of Operator
Midland Oil Inc. Southland Royalty Company

8. Well No.
1

3. Address of Operator
P.O. 51810, Midland, TX 79710-1810

9. Pool name or Wildcat
Turkey Track Morrow

4. Well Location
Unit Letter **G** : **1731'** Feet From The **North** Line and **2310'** Feet From The **East** Line

Section **32** Township **18S** Range **29E** NMPM **Eddy** County

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

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: **Plug off one zone** ☒

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.

MOI requests approval to plug off one zone (Morrow). This well is a dual completion in the Morrow and Wolfcamp zones. The Morrow zone has become non-productive. The Morrow perfs are presently at 11,004'-11,066'. There is a permanent packer set @ 10,867'. We request approval to set a CIBP at +/-10,800' and put 35' cmt on top.

MOI requests verbal approval as we have a rig on location at the present time.

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

SIGNATURE Donna Williams TITLE **Regulatory Compliance** DATE **2/9/96**

TYPE OR PRINT NAME **Donna Williams** TELEPHONE NO. **915-688-6943**

(This space for State Use)

ORIGINAL SIGNED BY **TIM W. GUM**
DISTRICT II SUPERVISOR

APPROVED BY _____ DATE **FEB 16 1996**

CONDITIONS OF APPROVAL, IF ANY:

