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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
LG 4119

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 MONSANTO COMPANY	8. Farm or Lease Name Lakewood State Com.
3. Address of Operator 1330 Midland NBT, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 19S RANGE 26E NMPM.	10. Field and Pool, or Wildcat Wildcat
11. Elevation (Show whether DF, RT, GR, etc.) RKB 3436	12. County Eddy

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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☒

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.

Drilled 8 3/4" hole to 9726'; dry hole; Plugged and abandoned as follows:

9350	9450	35 Sx. Cmt.
9000	9100	35 Sx. Cmt.
8300	8400	35 Sx. Cmt.
8100	8200	35 Sx. Cmt.
7500	7600	35 Sx. Cmt.
6750	6850	35 Sx. Cmt.
4075	4175	35 Sx. Cmt.
2700	2800	35 Sx. Cmt.
1350	1450	35 Sx. Cmt.
30	Surface	35 Sx. Cmt.

Hole between plugs was filled w/ better than 25% Gel per Bbl Water; 4" pipe marker w/ location thereon was set at surface.

You will be notified when location is cleared up and ready for inspection.

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

SIGNED W. M. Schell TITLE Regional Prod. Mgr. DATE 9/29/77

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: