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NEW MEXICO OIL CONSERVATION COMMISSION

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MAR 29 1973

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.

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 type="checkbox"/> OTHER- <u>Dry Hole</u>	7. Unit Agreement Name
2. Name of Operator <u>David Fasken</u>	8. Farm or Lease Name <u>Avalon State</u>
3. Address of Operator <u>608 First National Bank Bldg., Midland, Texas 79701</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>K</u> , <u>1650</u> FEET FROM THE <u>West</u> LINE AND <u>1440</u> FEET FROM THE <u>South</u> LINE, SECTION <u>7</u> TOWNSHIP <u>21-S</u> RANGE <u>26-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Undesignated Morrow</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3305 GL, 3321 KB</u>	12. County <u>Eddy</u>

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 JOBS ☐
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.

1. T.D. 10,800'.
2. Spot cement plugs: 10,625'-10,725' w/ 42 sx., 10,300'-10,400' w/42 sxs., 9,000' -8,900' w/42 sxs., 8,200' - 8,100' w/42 sxs., 3,900' - 4,000' w/42 sxs., 2,400' - 2,200' w/84 sxs., and 11 sxs. at surface.
3. Cut off casing.
4. Fill cellar.
5. Level location and pits.

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

SIGNED James B. Henry TITLE Agent DATE Mar. 28, 1973

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: