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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR NOTICES TO WELL OWNERS CONCERNING RESERVOIR, WELL OPERATIONS FOR PERMITTING, OR OTHER MATTERS RELATING TO WELLS.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER: <u>Water Injection</u>		5a. Indicate Type of Lease State ☐ Fee ☒
2. Name of Operator <u>Austin Gas Purchasing Inc.</u>		7. Unit Agreement Name <u>Malaga Unit</u>
3. Address of Operator <u>Box 159</u> <u>Stafford, Kansas 67578</u>		8. Farm or Lease Name <u>Tract 8</u>
4. Location of Well UNIT LETTER <u>I</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>13</u> TOWNSHIP <u>24S</u> RANGE <u>28E</u> N.M.P.M.		9. Well No. <u>1</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>2948 G.L.</u>		10. Field and Pool, or Wildcat <u>Malaga Delaware</u>
		12. County <u>Eddy</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

Existing records show the following:

TD 2727
8 5/8 24' 320 ' Cement circulated
5 1/2 14' 2694 Cement 50 sacks

It is my intent to plug this well as following:

Bottom plug 25 sacks
Stub plug 35 sacks
Base 8 5/8 35 sacks 270-370
Top plug 15 sacks

This hole will be filled with 9.5 lb. mud between the stub plug and the base of the 8 5/8 plug.

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

SIGNED: [Signature] TITLE: DATE: 10/4/76

APPROVED BY: W.A. Gressett TITLE: SECRETARY DATE: NOV 9 1976

CONDITIONS OF APPROVAL, IF ANY: