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. 30-039-25302

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: Trix

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: W.M. GALLAWAY

8. Well No. 2

3. Address of Operator: 3005 Northridge Dr, Ste I, Farmington, NM 87401

9. Pool name or Wildcat: GAVILAN MANCOS

4. Well Location
Unit Letter M : 790' Feet From The South Line and 990' Feet From The West Line

Section 5 Township 26N Range 2W NMPM Rio Arriba County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7105 GR

11. 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 ☐		CASING TEST AND CEMENT JOB ☒	
OTHER: ☐		OTHER: ☐	

RECEIVED DEC 23 1993 OIL CON. DIV. DIST. 3

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.

Additional Drilling: Drilled 6 3/4" hole from 6954' with air mist to 7345' and set 5" 23# flush joint liner from 6808' to 7344' and cemented with 73 cu. ft. of premium cement with SSR-1 M/35%, CFR-3 M/1.0%, HALAD-24 M/5% and Flocele M/25# in 73 cu. ft. Circulated through job - cement above liner. Drilled out. Tested casing and liner to 2500# for 20 min. Held okay.

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

SIGNATURE W M Gallaway TITLE Operator DATE 12-15-93

TYPE OR PRINT NAME W.M. GALLAWAY TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by CHARLES GHOLSON TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE DEC 28 1993

CONDITIONS OF APPROVAL, IF ANY: