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U.S.G.S.

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 ☐

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 ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator (W. P. Carr)
C & E Operators, Inc.

3. Address of Operator
6700 Forest Lane - Dallas, Texas 75230

4. Location of Well
UNIT LETTER D, 655 FEET FROM THE West LINE AND 700 FEET FROM
THE North LINE, SECTION 10 TOWNSHIP 30N RANGE 11W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

5,671 KB

7. Unit Agreement Name

8. Farm or Lease Name
Hampton

9. Well No.
3A

10. Field and Pool, or Wildcat
Blanco MV

12. County
San Juan

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER New Well ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

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.

Surface Casing set at 300' with 275 Sacks Class B Cement
Test at 600# PSI for 12 hours.

Intermediate string of 7" set at 2,350' with 50 sacks of Class B Cement with 2% calcium, test to 1,200' PSI for 30 minutes, 4½ casing set at 4,750' with 370 sacks of cement preceded by 20-bbl. of gelled water, 50/50 Poz A Class B with 2% gel, 6.25# fine gilsonite per sack, ½# gelflakes per sack & .6% Halod 9 or equivalent.

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

SIGNED [Signature]

TITLE Agent

DATE 4/12/78

Original Signed by A. R. Kendrick

APPROVED BY _____

TITLE SUPERVISOR DIST. 40

DATE _____

CONDITIONS OF APPROVAL, IF ANY: