

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
AUG 20 1982
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Wallace Oil & Gas, Inc. ✓	5. State Oil & Gas Lease No.
3. Address of Operator 50 Penn Place, #850, OKla. City, OK 73118	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>11S</u> RANGE <u>25E</u> N.M.P.M.	8. Farm or Lease Name Britt
	9. Well No. 1
	10. Field and Pool, or Wildcat Wildcat F-22
	12. County Chaves
15. Elevation (Show whether DF, RT, GR, etc.) Gr. 3460'	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

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.

Drilling Operations:

7/24/82 Set 62' of 20" conductor, cemented with 600 sx Class C.
7/26/82 Spudded with 17 1/4".

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

SIGNED Leslie A. Clement TITLE Production Secretary DATE 08/17/82

APPROVED BY Leslie A. Clement TITLE SUPERVISOR, DISTRICT II DATE AUG 20 1982

CONDITIONS OF APPROVAL, IF ANY: