

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-

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LAND OFFICE	
OPERATOR	

FEB 25 1994

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Klabzuba Operating Co.	8. Farm or Lease Name White "A"
3. Address of Operator Lexington Place, 930 W. First Place, Fort Worth, TX 76102	9. Well No. 1
4. Location of Well UNIT LETTER <u>A</u> <u>598</u> FEET FROM THE <u>North</u> LINE AND <u>1308</u> FEET FROM THE <u>East</u> LINE, SECTION <u>12</u> TOWNSHIP <u>10S</u> RANGE <u>27E</u> NMPM.	10. Field and Pool, or Wildcat Race Track (Devonian)
15. Elevation (Show whether DF, RT, GR, etc.) 3839 GL	12. County Chaves

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any prop. work) SEE RULE 1503.

2-18-94 Ran 36 jts 8 5/8" 32# J-55 ST&C casing set at 1590'. Cemented with 450 sx Pacesetter lite w/6% gel, 2% CaCl and 0.25% Celloseal followed by 150 sx Class "C" w/2% CaCl. PD at 9:15 am. Cement did not circulate. Estimated top of cement 250'. Tested casing to 1000 psi.

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 2/24/94
SUPERVISOR, DISTRICT II
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 21 1994