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NEW MEXICO OIL CONSERVATION COMMISSION

O. C. C.
ARTEBIA, OFFICE

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-1845
7. Unit Agreement Name
8. Farm or Lease Name Burro Canyon Unit
9. Well No. 1-Y
10. Field and Pool, or Wildcat Wildcat Morrow
12. County Otero

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- Wildcat
2. Name of Operator Terra Resources, Inc.
3. Address of Operator 200 Wall Towers West, Midland, TX 79701
4. Location of Well UNIT LETTER J, 2030 FEET FROM THE South LINE AND 2080 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 21-S RANGE 20-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 5145' GR

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

7-22-78 Ran 36 joints of 8 5/8" casing to 1553'. Cemented with 200 sx RFC, 850 sx Class C neat, 200 sx RFC. WOC 9 hours, ran temperature survey finding top of cement @ 700'. Ran 1" pipe and pumped 11-75 sx plugs, 5-35 sx plugs, 16 yds ready mix, cemented to surface.

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

SIGNED Homer D. Gracia TITLE Area Operations Engineer DATE 8-4-78

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: