

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
OPERATOR		

3a. Indicate Type of Lease	
State ☐	Fee ☒
3. 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	7. Unit Agreement Name
2. Name of Operator The Desana Corporation	8. Farm or Lease Name Allmand
3. Address of Operator 600 Bldg. of the Southwest, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>4N</u> RANGE <u>31E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4641.7	12. County Curry

16. 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 ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	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.

Ran 48 jts 8-5/8" 24# ST&C Csg. SET @ 2000'. Cmt w/400 sx Halliburton Lite containing 5# Gilsomite & 1/2# Flocele/sx. Tailed in w/200 sx Class "C" cmt. Circ 40 sx to surface. WOC 18 hrs. Pressure tested csg to 1000 psi for 30 min. Held O.K.

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

SIGNED <u>Tom R. Cook</u>	Tom R. Cook	TITLE <u>Agent</u>	DATE <u>9/24/84</u>
ORIGINAL SIGNED BY JERRY GIBSON DISTRICT SUPERVISOR			SEP 27 1984
APPROVED BY _____	TITLE _____	DATE _____	

CONDITIONS OF APPROVAL, IF ANY: