

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Carr Well Service, Inc.		8. Farm or Lease Name Wallace
3. Address of Operator P.O. Box 69090, Odessa, Texas 79769-9090		9. Well No. 2
4. Location of Well UNIT LETTER <u>B</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>1654.62</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>12S</u> RANGE <u>38E</u> N.M.P.M.		10. Field and Pool, or Wildcat Gladiola Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3878 GL		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASINGS ☐
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.

CIBP @ 9000' 4/35' cement
100' Plug 6850 - 6750
100' Plug 4500 - 4400
100' Plug 2275 - 2175
10 sx Surface
100' Plug 50' in and 50' out of cement

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 01/30/89

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 30 1989

OCD
HOBBS OFFICE