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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL COM. LATION COMMISSION

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

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L 3392

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO PULL OR TO DEFEEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT FORM C-101 FOR SUCH PROPOSALS.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator	8. Former Lease Name
W. A. MONCRIEF, JR.	State 27
3. Address of Operator	9. Well No.
Moncrief Building, Ninth at Commerce, Fort Worth, Texas 76102	1
4. Location of Well	10. Field Unit Pool, or Well Unit
UNIT LETTER L 1980 FEET FROM THE south LINE AND 660 FEET FROM	Kemnitz Lower Wolfcamp
THE west SECTION 27 TOWNSHIP 16S RANGE 33E N.M.P.M.	
11. Location (Show whether DE, RT, GR, etc.)	12. County
4201 GD 4220 KB	Lea

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 Plug back and recompleate ☒	

17. Description of proposed or completed operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Original Seaman perforations 11,522-24; 11,528-32; 11,566-74; 11,604-06; 11,610-12; 11,620-22; 11,678-86 and 11,690-96 are depleted. Operator proposes to abandon the Seaman zone by setting a wireline bridge plug at 11,050'. Operator then proposes to perforate Kemnitz Lower Wolfcamp from 10,772-74; 10,781-86; 10,821-32 and 10,840-48 with 1 JSPF and stimulate as necessary for recompletion.

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

SIGNED Dwight E. Sharpton TITLE Exploration Manager DATE 11-9-77

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1-1-7
COMM. N. M.