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NEW MEXICO OIL CONSERVATION COMMISSION

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

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 Allen K. Trobaugh		8. Farm or Lease Name Eidson
3. Address of Operator 1405 First National Bank Building, Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>N</u> LINE AND <u>1980</u> FEET FROM THE <u>W</u> LINE, SECTION <u>15</u> TOWNSHIP <u>16S</u> RANGE <u>35E</u> NMPM.		10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 3991 GR		12. County LEA

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Plug Back Program:

8/29/86 RU PBCP Rig #4.
8/30 Set CIBP @ 12,330'. Capped w/35' cmt. PBTD 12,265'
9/2 Filled hole w/2% KCL Water. Perforated Mississippi from 11,762 - 11,655',
1 shot per foot. No fluid entry.
9/3 Set CIBP @ 11,600'. Capped w/35' cmt. PBTD 11,565'. Perforated Strawn
from 11,043, 41, 23, 21, 19, 10995, 94, 93, 92, 91, 90, 89, 87. 2 shots
per foot.
9/4 Acidized w/2000 gal 15% NE.
9/5 Swabbed.
9/8 Reacidized w/3500 gal MSR 100. Swabbed.
Currently Testing. Producing from Strawn.

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

SIGNED Barbara G. Deaver TITLE AGENT DATE 10/2/86

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE _____

DATE OCT 14 1986

CONDITIONS OF APPROVAL, IF ANY:

74 N. Shoreline, Oklahoma 10/14/86 E

100-1-86
100-1-86
100-1-86