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NEW MEXICO OIL CONSERVATION COMMISSION

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

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"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Allen K. Trobaugh		5. State Oil & Gas Lease No.
3. Address of Operator 106 Wall Towers West, Midland, Texas 79701		7. Unit Agreement Name
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE north LINE AND 1980 FEET FROM THE west LINE, SECTION 15 TOWNSHIP 16S RANGE 35E NMPM.		8. Farm or Lease Name Eidson
15. Elevation (Show whether DF, RT, GR, etc.) 3991 GR		9. Well No. 1
		10. Field and Pool, or Wildcat Shoebar Devonian
		12. County Lea

16.

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOBS ☒
OTHER **Run 5½" casing** ☐
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.

9/2/-9/4/75: Moved in and rigged up
9/5/-9/8/75: Cleaned out hole to 12,700'
9/9/75: Ran 305 jts (12,724') of 17# & 20# 5½" N-80 casing.
Cmtd @ 12,700' w/600 sax 50-50 Poz, 2% gel + 3/4 of 1% CFR-2 +
8# salt per sack. Top cmt 9600' (by temperature survey). WOC 72 hrs
9/16/75: Pressure tested casing to 3000 psi for 1 hr without loss.

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

SIGNED Allen K. Trobaugh TITLE Operator DATE 9/25/75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

