

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 ☒ Fee ☐
5. State Oil & Gas Lease No.
LG 6335

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
Alps Oil Company
3. Address of Operator
P.O. Box 4023 Odessa, Texas 79760
4. Location of Well
UNIT LETTER F, 1915 FEET FROM THE North LINE AND 1915 FEET FROM
THE West LINE, SECTION 18 TOWNSHIP 18-S RANGE 35 E NMPM.
10. Field and Pool, or Wildcat
Undesignated
12. County
Lea

15. Elevation (Show whether DF, RT, GR, etc.)
3965 GL 3973 KB
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐
SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐ 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.

Drilled to 4946' KB w/ 7 7/8" bit.

Plans are to P&A well as follows:

1. Spot 100' cmt. plug from 4900'-4900'
2. Spot 100' cmt. plug from 3100'-3100'
3. Spot 150' cmt. plug from 1800'-1700'
4. Spot 10' cmt. plug @ surface.

Install "dry hole" marker
Clean Location.

Log Tops = KB

Rustler Anhy-1730'
Salt - 1850'
Buse Salt - 2970'
Yates - 3160'
San Andres - 4800'

8 5/8" Surface cmt. @ 1761'

Verbal approval obtained from Mr. E. Seay

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

SIGNED Paul Bliss TITLE Agent DATE 1-30-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

FEB 7 1983

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: