

WATER CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ Fee ☐  
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- 2. Name of Operator Terra Resources, Inc. 3. Address of Operator 10 Desta Drive, Suite 500 West, Midland, Texas 79705 4. Location of Well UNIT LETTER E 990 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 26 TOWNSHIP 18S RANGE 34E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3994' GL 4008' KB 12. County Lea	7. Unit Agreement Name 8. Farm or Lease Name State "26" 9. Well No. 1 10. Field and Pool, or Wildcat EastEK (Queen)
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Spud Well 1/20/88

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNED Alan D. Means TITLE Operations Engineer DATE 2/10/88

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
FEB 11 1988  
HCCS OFFICE