

OIL 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. Name of Operator  
Terra Resources, Inc.

8. Address of Operator  
10 Desta Drive, Suite 500 West Midland, Texas 79705

9. Location of Well  
UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 13 TOWNSHIP 18S RANGE 34E N.M.P.M.

7. Unit Agreement Name  
8. Farm or Lease Name  
Terra Enron 13 State  
9. Well No.  
1  
10. Field and Pool, or Wildcat  
Vacuum Abo Reef  
12. County  
Lea

15. Elevation (Show whether DF, RT, GR, etc.)  
3976 GR

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 OPS. <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 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.

Spudded well at 10:00 pm C.S.T. 9/20/88

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

SIGNED E. Robert Winkler III TITLE OPERATIONS ENGINEER DATE 9/22/88

APPROVED BY DEPARTMENT OF ENERGY AND MINERALS TITLE SECRETARY DATE   
CONDITIONS OF APPROVAL, IF ANY: