Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-28782

5. Indicate Type of Lease STATE ☐ FEE ☑

6. 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.)

7. Lease Name or Unit Agreement Name
SMITH 5

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

2. Name of Operator
DALLAS PRODUCTION, INC.

8. Well No.
4

3. Address of Operator
4925 GREENVILLE AVE., DALLAS, TX. 75206-5033

9. Pool name or Wildcat
SCHARB; BONE SPRINGS

4. Well Location
Unit Letter I : 2149 Feet From The SOUTH Line and 700 Feet From The EAST Line

Section 5 Township 19S Range 35E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3866.3' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☑
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

12. 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.

6-11-96 CIRC. HOLE W/MUD SET 25SK. PLUG @ 4530' NO TAG!
6-12-96 SET CIBP @ 4475' SET 25SK. ON TOP OF CIBP, CIRC. HOLE W/MUD
6-13-96 CUT CSG. @ 6000' LD CASING
6-17-96 CIRC HOLE W/MUD SET 50SK PLUG @ 6050' TAG @ 5929'
6-17-96 SET 50 SK PLUG @ 4050' TAG @ 4035'
6-17-96 SET 50SK PLUG @ 4035' TAG @ 3937'
6-18-96 SET 50SK PLUG @ 2000'
6-18-96 SET 50SK @ 500'
6-18-96 SET 10SK PLUG IN TOP
INSTALL DRY HOLE MARKER

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

SIGNATURE [signature] TITLE Regulatory Administrator DATE 9-5-96

TYPE OR PRINT NAME Alan Ashley TELEPHONE NO. 214-369-926

(This space for State Use)

APPROVED BY [illegible] TITLE [illegible] DATE JAN 22 1997

CONDITIONS OF APPROVAL, IF ANY: