

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

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

A. L. CHRISTMAS B

8. Well No.

1

9. Pool name or Wildcat

JALMAT GAS

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

DALPORT OIL CORPORATION

3. Address of Operator

c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM

4. Well Location

Unit Letter J 1650 Feet From The SOUTH Line and 1650 Feet From The EAST Line

Section 21 Township 22S Range 36E NMPM LEA County

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

3524

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.

It is proposed to plug & abandon as follows:

Set cast iron bridge plug at 2900 & cap with 35' cement
Load hole with mud
Set 35 sack plug 1300 to 1600
Cut off 5 1/2" casing at 350'
Set 55 sack plug 260 to 400 (8 5/8" casing shoe @ 310)
Set 10 sack plug at surface with dry hole marker
Clean & level location.

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

SIGNATURE

Donna Holler

TITLE Agent

DATE 6-17-91

TYPE OR PRINT NAME

Donna Holler

505-393-2727
TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: