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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER		7. Unit Agreement Name
2. Name of Operator Trio Oil Company		8. Firm or Lease Name Reeves
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240		9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> <u>1050</u> FEET FROM THE <u>North</u> LINE AND <u>230</u> FEET FROM THE <u>East</u> LINE, SECTION <u>29</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> NNPM.		10. Field and Pool, or Wildcat Funice -- Monument
15. Elevation (Show whether DF, RT, GR, etc.)		11. County Lea

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 OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	
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.

It is proposed to perf 3625 with 4 shots per foot, 3638, 3648, 3654, 3667, 3675 & 3693 with 1 shot per interval. Set ret BP at 3710. packer at 3630 & treat perfs 3638-93 with 1,000 gallons 15% NE acid. Reset ret BP at 3630, packer at 3570 and treat perfs 3625 with 1,000 gallons 5% NE acid & 1500 gallons gelled water with 2500# sand. Pull ret BP and packer & return to production.

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

SIGNED Herman Miller TITLE Agent DATE 7/13/81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: