

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

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

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	
New	

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 ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator 3 Way Operating Company	8. Farm or Lease Name D-K
3. Address of Operator P.O. Box 11005, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>25</u> TOWNSHIP <u>20-S</u> RANGE <u>38-E</u> N.E.P.M.	10. Field and Pool, or Wildcat D-K Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3568' GL 3581' KB	12. County Lea

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 ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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.

- 1) Spud well on 11/19/87 - 11:45 am
- 2) Ran 53 jts. 1604' 8 5/8", K-55, ST&C w/12 centralizers to depth of 1620'.
- 3) Cement w/550 sx Halliburton lite w/2% CaCl₂, 1/4 Flocele, and 200 sx premium plus w/2% CaCl₂. Circ. 60 sx. PD @6:44 pm on 11/20/87
- 4) Wait 12 hours on cement. Test BOP to 1000 psi.

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

SIGNED Rod Seale 12/1/87 TITLE Engineer DATE 12/01/87

Orig. Signed by
Paul Kantz
Geologist

APPROVED BY _____ TITLE _____ DATE DEC 14 1987

CONDITIONS OF APPROVAL, IF ANY: