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

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease

State ☒   Fee ☐

5. State Oil & Gas Lease No.
B-6717-4, B-1167-3&5
B-6807-2, B-8251-2

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- **Drilling well**

7. Unit Agreement Name

2. Name of Operator
Dorchester Exploration, Inc.

8. Farm or Lease Name
Wilson State Com

3. Address of Operator
1204 Vaughn Bldg., Midland, Texas   79701

9. Well No.
1

4. Location of Well

UNIT LETTER __I__, __1980__ FEET FROM THE __South__ LINE AND __990__ FEET FROM

THE __East__ LINE, SECTION __13__ TOWNSHIP __21S__ RANGE __34E__ NMPM.

10. Field and Pool, or Wildcat
Undesignated

15. Elevation *(Show whether DF, RT, GR, etc.)*
3651 GR

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER_____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER _____

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

☐

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.
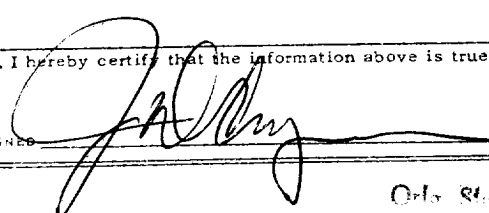
Set 9 5/8 inch casing @5505 RT. Cemented with 200 sacks Halliburton Litewate followed
by 300 sacks Class H, 2% Cacl 2. 1/4# Floseal per sack. Plug down 1:30 a.m. 12-8-73.

Casing string consisted of 36# K-55, 40# YS-95 and 43.5 #N-80.
WOC - 22 1/2 hours.
Tested casing to 3000# for 30 minutes. Test OK.

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

SIGNED _____   TITLE __Vice President__   DATE __12-19-73__

Only Signed by

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: