

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-937

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Trobaugh Properties 3. Address of Operator 1405 First National Bank Building, Midland, Texas 79701 4. Location of Well UNIT LETTER B 1310 FEET FROM THE North LINE AND 1510 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 21S RANGE 33E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3785 GR	7. Unit Agreement Name 8. Farm or Lease Name State 9. Well No. 1 10. Field and Pool, or WHdcat Lynch Yates 12. County Lea
---	---

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Change well name

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.

Well name changed from Enterprise (Deep) Unit "2" No.1
to State No.1

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

SIGNED <u>Georgia K. Trobaugh</u> ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR	TITLE <u>Manager</u>	DATE <u>5/24/85</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>AUG - 2 1985</u>

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 30 1985

C. C. C.
HODGES