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# 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 <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No.   |   |
| 7. Unit Agreement Name         |   |
| 8. Farm or Lease Name          |   |
| L. B. Jones                    |   |
| 9. Well No.                    |   |
| 1                              |   |
| 10. Field and Pool, or Wildcat |   |
| Undesignated                   |   |
| 12. County                     |   |
| Lea                            |   |

**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- **Dryhole**

2. Name of Operator  
**Imperial-American Management Co.**

3. Address of Operator  
**507 Midland Savings Bldg., Midland, Texas 79701**

4. Location of Well  
UNIT LETTER **K**, **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM  
THE **West** LINE, SECTION **6** TOWNSHIP **22-S** RANGE **38-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
**3346.6' GR**

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>                 |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/>                           |

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.

## Plugged and Abandoned Well as follows:

8-26-71 Set Cast Iron Bridge Plug @ 7000' w/20' cement plug on top.

8-27-71 Loaded hole w/9.5# mud.  
Shot off 5½" casing @ 3165'. Pulled & laid down same.  
Set 30 sx cement plug 2650-2750' (base of salt)  
Set 30 sx cement plug 1470-1570 (top of salt)  
Set 10 sx cement plug 0-30'

Set Marker and cleaned up location - Ready for Inspection 10-1-71.

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

|   |                        |                     |
|---|------------------------|---------------------|
| SIGNED <u><i>David H. Roney</i></u>     | TITLE <u>Agent</u>     | DATE <u>9-16-71</u> |
| APPROVED BY <u><i>John W. Roney</i></u> | TITLE <u>Geologist</u> | DATE _____          |
| CONDITIONS OF APPROVAL, IF ANY:         |                        |                     |

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SEP 21 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.

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| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

Operator  
IMPERIAL - AMERICAN MANAGEMENT COMPANY

Address  
507 Midland Savings Bldg. Midland, Texas

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Well is T.A.

If change of ownership give name  
and address of previous owner

SOLAR OIL COMPANY

DESCRIPTION OF WELL AND LEASE

|                   |                          |                                |                           |           |
|-------------------|--------------------------|--------------------------------|---------------------------|-----------|
| Lease Name        | Well No.                 | Pool Name, Including Formation | Kind of Lease             | Lease No. |
| L. B. Jones       | 1                        | Undesignated                   | State, Federal or Fee Fee |           |
| Location          |                          |                                |                           |           |
| Unit Letter K     | 1980 Feet From The South | Line and 1980                  | Feet From The West        |           |
| Line of Section 6 | Township 22-S            | Range 38-E                     | NMPM, Lea                 | County    |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids,<br>give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                      |                             |          |                 |          |                   |           |             |              |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |              |
| Perforations                         |                             |          |                 |          | Depth Casing Shoe |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Area Manager  
(Title)

October 24, 1969  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

3 1969  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.