ENERGY AND MINERALS DEPARTMENT

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

IL CONSERVATION DIVISI

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator: Texaco Inc.

8. Farm or Lease Name: Dollie Ballinger

3. Address of Operator: P. O. Box 728, Hobbs, New Mexico 88240

9. Well No.: 1

4. Location of Well: UNIT LETTER M, 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 17 TOWNSHIP 22-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: So Brunson Blinebry & Drinkard/Abo

15. Elevation (Show whether DF, RT, GR, etc.): 3376' (DF)

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER Shut In. Extension ☒		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.

REMARKS

1. **WELL STATUS** - Shut In.
2. **TEMPORARY ABANDONMENT DATE** - September 1, 1986.
3. **REASON FOR ABANDONMENT** - Uneconomical to Produce.
4. **FUTURE PLANS** - Held for Remedial Work.
5. **DATE OF FUTURE WORKOVER OR PLUGGING** - 1st Quarter, 1989.

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

SIGNED J. S. Seeman TITLE Dist. Petroleum Engineer DATE 4/04/88

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

2nd TA expires 4-1-89