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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 ☐ 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator IMPERIAL AMERICAN MANAGEMENT COMPANY	8. Farm or Lease Name E. C. Hill "B"
3. Address of Operator 215 Mid America Building, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER K 1980 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 27 TOWNSHIP 23S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Teague Simpson
15. Elevation (Show whether DF, RT, GR, etc.) 3292 GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐ CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐ Status Report ☒

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.

This well T/A at an unknown date as non-commercial. A workover was planned in a shallow zone.

*Expires 11/1/75*

The ownership of this property is in reorganization under Chapter X of the Federal Bankruptcy Act. The Trustee of the corporation has not been able to provide funds for the necessary examination of workover potential. It is anticipated that the company's reorganization will be complete in the latter quarter of 1975 and that funds will then be available to examine the property for workover possibilities and to perform the workover if justified. We request that adequate time be given for this contingency prior to the forced plugging and abandonment of the well.

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

SIGNED [Signature] TITLE Agent DATE 10/26/74

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: