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NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE]		State Fee X
OPERATOR]		5. State Oil & Gas Lease No.
LOO NOT USE THIS FORM FOR PRI- USE "APPLICAT			
I. OIL GAS GAS WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name		
IMPERIAL AMERICAN MAI	E. C. H111 B		
3. Address of Operator			9. Well No.
215 Mid America Build	ding, Midland, Texas 797	701.	1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER K	1980 FEET FROM THE WEST	LINE AND 1980 FEET F	ROM Imperial Tubb-Drinkard
THE South LINE, SECTI	ON 27 235	RANGE 37EN	юм. <u>АШШШШ</u>
	12. County Lea		
^{16.} Check	Appropriate Box To Indicate N		Other Data
	NTENTION TO:		ENT 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	Status Report 🕅
OTHER		OTHER	
17. Describe Proposed or Completed O	perations (Clearly state all pertinent detu	ails, and give pertinent dates inclu	ding estimated date of starting any proposed

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 because it was noncommercial. Workover potential

is good and a study has been requested.

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 certil	fy that the information above is true and co	mplete to the best	of my knowledge a	nd belief.
SIGNED	the second second		Agent	DATE 10/26/74
APPROVED BY		TITLE		DATE
CONDITIONS OF	APPROVAL, IF ANY:			•
				2A Imagnial Tube Drinkan