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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Imperial-American Management Co.	5. State Oil & Gas Lease No.
3. Address of Operator 507 Midland Savings Bldg., Midland, Texas 79701	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>J</u> 1980 FEET FROM THE <u>South</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>21</u> TOWNSHIP <u>23-S</u> RANGE <u>37-E</u> NMPM.	8. Farm or Lease Name G. G. Travis
	9. Well No. 2
	10. Field and Pool, or Wildcat Imperial-Tubb Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) DF 3307'	12. County Lea

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Temporary Abandonment ☒
of Lower Zone of dual well.

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.

- 9-14-70 - Killed well. Pulled dual tubing string. Set plug in Otis Permotrieve Packer set @ 5978' to plug off Imperial-Tubb Drinkard perforations 6129-6221'.
- 9-15-70 - Re-ran single tubing without packer set at 5861'. Returned upper zone (Teague Blinbry) to production.

PLEASE CANCEL ALLOWABLE FOR IMPERIAL-TUBB DRINKARD ZONE

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

SIGNED [Signature] TITLE Division Manager

DATE 10-21-70

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT #

DATE OCT 28 1970

CONDITIONS OF APPROVAL, IF ANY: