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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

3a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-6947

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 TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
Name of Operator	Undesignated
Gifford, Mitchell & Wisenbaker	8. Name of Lease Name
Address of Operator	Iron Mountain
1280 Midland National Bank Tower, Midland, Texas 79701	9. Well No.
Location of Well	3
UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM	10. Field and Pool, or Wildcat
THE East LINE, SECTION 34 TOWNSHIP 26-S RANGE 36-E N.M.P.M.	Comanche Stateline
	Tansil Yates
11. Elevation (Show whether DF, RT, GR, etc.)	12. County
2898 GL	Lea

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

7. 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.

Well is non-productive. We plan to plug and abandon by loading the hole with 10#/gal. mud and setting plugs by pumping Class "C" cement through tubing. Plug #1 will be at 3228'-3436' (30 sx to cover perfs. at 3278'-3436'). Plug #2 will be at 1950'-2050' (50 sx where we expect to cut and pull 5½" casing). Plug #3 will be at 1350'-1450' (50 sx at top of salt). Plug #4 will be 10 sx at surface.

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

SIGNED J. B. Stiff TITLE Production Manager DATE 5/27/80APPROVED BY _____ TITLE _____ DATE MAR 22 1982

CONDITIONS OF APPROVAL, IF ANY: