

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

NOV 24 1992

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

OG-2426

7. Lease Name or Unit Agreement Name

EXXON STATE

8. Well No.

2

9. Pool name or Wildcat

MAGNUS YATES

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

BRUCE P. RIGGS ✓

3. Address of Operator

P.O. BOX 322 CARLSBAD NM 88221-0322

4. Well Location

Unit Letter J : 1650 Feet From The SOUTH Line and 2310 Feet From The EAST Line

Section

15

Township

21

Range

27

NMPM

EDDY

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: RETURN TO PRODUCTION ☒

12. 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 RETURNED TO PRODUCTION EFFECTIVE 11-21-92

APPROXIMATE DAILY PRODUCTION 3 BARRELS

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

SIGNATURE Bruce P. Riggs TITLE OPERATOR DATE 22 NOV 92

TYPE OR PRINT NAME BRUCE P. RIGGS 505 887-3526 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE NOV 25 1992

CONDITIONS OF APPROVAL, IF ANY: