

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

NOV 24 1992

O. C. D.

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.

3

9. Pool name or Wildcat

MAGRUDER 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 FD: 660 Feet From The South Line and 1180 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 505 847-3526 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: