Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Departm

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

WELL API NO. 30-015-26899

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Hagerman 14

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: SYLVITE CORPORATION

8. Well No. 1

3. Address of Operator: 6966 S. Utica Tulsa, OK 74136-3908

9. Pool name or Wildcat: Cass Draw

4. Well Location
Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The EAST Line
Section 14 Township 23S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3112.4' GL 3123.4' KB

11. 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	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:	☐		

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.

1) MIRSU, ND Tree and Nipple up BOP.
2) Circ hole w/ plug mud, TOH w/ 2⅞" Tubing.
3) Set CIBP @ 5375 w/ 35' cement.
4) Set 100' plug across DV Tool @ 3950'-4050'
5) Set 100' plug 2650-2750', Tag Top Cement.
6) Perf and Squeeze w/ 75 sx @ 525'
7) Set 10 sx Cement at surface; set Dry Hole marker.
8) Remove equipment and restore location.
Note: 10# mud laden fluid between all plugs.
Notify NMOCD (Tim Gum) 24 hours before plugging (505-748-1283)

(cont'd)

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

SIGNATURE Donald G Campbell TITLE President DATE 1-25-95

TYPE OR PRINT NAME DONALD G. CAMPBELL TELEPHONE NO. 918-494-6031

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE FEB 1 1995

CONDITIONS OF APPROVAL, IF ANY: