

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

WELL API NO.
30-015-28527

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.)

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

2. Name of Operator
RAY WESTALL OPERATING

3. Address of Operator
P.O. BOX 4, LOCO HILLS, NM (505)677-2370

4. Well Location
Unit Letter G : 1980 Feet From The NORTH Line and 2310 Feet From The EAST

Section 25 Township 22S. Range 27E. NMPM EDDY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3080'

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 ABANDON IE
CASING TEST AND CEMENT JOB ☐
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.

7/14/95 MOVED IN COMPLETION UNIT AND REVERSE UNIT

7/18/95 PERFORATE WITH BULLETS 7674-7764 16 SHOTS

7/19/95 ACIDIZED W/ 1500 GAL. 7.5% HCL

7/20/95 FRAC WELL W/ 80,000 GAL. SPECTRA FRACED 263,000# 16-30 SD
AIR 1900# @ 32 BPM ISDP 1920#

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

SIGNATURE Susan R. Parker TITLE PRODUCTION CLERK DATE 8/8/96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 26 1996