

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 Brizos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-031-20414
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BULLSEYE

8. Well No.

2

9. Pool name or Wildcat

MARCELINA

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

NERDLHC COMPANY, INC

3. Address of Operator

337 E. SAN ANTONIO DR., STE 101, LONG BEACH, CA 90807

4. Well Location

Unit Letter N : 540 Feet From The S Line and 1560 Feet From The W Line

Section

18

Township

16 N

Range

9 W

NMPM

MCKINLEY

County

10. Elevation (Show whether DP, 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: ☐

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.

PROPOSED OPERATION

1. MIRU WSU + ROPE AS REQUIRED.
2. TH W/ BIT + SCRAPER TO PBTD. (TO DETERMINE OF 14 JTS 2 3/8" TBG + BP IN HOLE)
3. FISH TBG + DRILL OUT BP AS REQUIRED, TOP OF FISH SHOULD BE $\pm 500'$, BP SHOULD BE SET @ 932'.
4. CONTINUE IN HOLE TO PBTD (AFTER BP DRILLED OUT), CLEAN OUT TO $\pm 1700'$, VERIFY CLOG @ 1940'.
5. SET BP @ $\pm 1650'$, TEST CSG TO 500 PSI FOR 30 MIN.
 - a) IF LEAKS, REPAIR PER NMOC OR PTA.
 - b) IF NO LEAKS, T+A PER NMOC STATE REGS.

RECEIVED
JAN 10 1990

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

SIGNATURE

David W. Auct

TITLE

CHIEF ENGINEER

DATE

1-10-90

TYPE OR PRINT NAME

DAVID W. AUCT

TELEPHONE NO 405-359-6651

(This space for State Use)

APPROVED BY

Johnny Robinson

TITLE

DISTRICT ENGINEER, DIST. 33

DATE

CONDITIONS OF APPROVAL IF ANY: