

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

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WELL API NO.

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

Southland Royalty Company

3. Address of Operator

PO Box 4289, Farmington, NM 87499

7. Lease Name or Unit Agreement Name

Culpepper Martin

8. Well No.

102

9. Pool name or Wildcat

Basin Fruitland Coal

4. Well Location

Unit Letter _____ : 1775 Feet From The South Line and 1690 Feet From The West Line

Section 21 Township 32N Range 12W NMPM San Juan County

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

5998' GL

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.

05-26-89

TD 2380'. Ran 9 jts 4 1/2", 10.5#, K-55 8rd casing, 353' set @ 2380'. Top of liner @ 2027'. Cemented w/25 sx Class "B" 65/35 Poz w/6% gel, 2% calcium chloride, 0.5 cu.ft. perlite/sx (50 cu.ft.) followed by 75 sx Class "B" w/2% calcium chloride (89 cu.ft.). Reversed out 16 bbls. cmt.

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RECEIVED
JUN 02 1989
OIL CON. DIV
DIST. 3

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

SIGNATURE

Frank T. Chavez

TITLE

Regulatory Affairs

DATE

06-01-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT 3

APPROVED BY

TITLE

DATE

JUN 02 1989

CONDITIONS OF APPROVAL, IF ANY: