

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

30-025-07939

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Davis

7. Well No.

1

8. Pool name or Wildcat

Hobbs; ~~Blinn~~, East San Andres East

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

David H. Arrington Oil & Gas, Inc

3. Address of Operator

P.O. Box 2071, Midland, TX 79702

4. Well Location

Unit Letter O : 330' feet from the East line and 990' feet from the South line

Section 29

Township 18S

Range 39E

NMPM

County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3593' GR

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Bradenhead Test ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

11/01/01- Braden Test as follows: 0 psi on surface casing, 10 psi on tubing & 10 psi on production casing. Test witnessed by Mr. Robinson with NMOGCD.

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

SIGNATURE Chuck Sledge TITLE Engineer DATE 11/9/01

Type or print name Chuck Sledge

Telephone No. (915) 682-6685

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: