

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-D25-10376

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-934

7. Lease Name or Unit Agreement Name

Mrs State

8. Well No.
1

9. Pool name or Wildcat
Anglin Mattie

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
American Exploration Company

3. Address of Operator
1331 Lamar, Suite 900 Houston, TX

4. Well Location
Unit Letter **D** : **660'** Feet From The **North** Line and **660** Feet From The **West** Line
Section **20** Township **22S** Range **37E** NMPM **Lea** County

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

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.

CURRENT WELL CONFIGURATION:

5 5/8" @ 291' CMTD w/ 250 SX
5 1/2" @ 3450' " " 300 SX
150 SX @ SHOE
150 SX @ 1100' DV TOOL
4 3/4" LINER 3286'-4000' CMTD w/ 110 SX

PROPOSED PLUGGING PROCEDURE:

5 1/2" CIBP + ~~25'~~ CMT @ ~~3286'~~ **3500'**
BRING CEMENT ABOVE LINER
25 SX @ 2600'
25 SX @ 1200'
25 SX @ 341'
10 SX @ SURFACE
INSTALL WELL MARKER

NOTICE: IT IS HEREBY NOTIFIED 24
HOURS BEFORE THE BEGINNING OF
ANY OPERATIONS FOR THE C-103
IS REQUIRED.

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

SIGNATURE **Billy M. Priebe** TITLE **WESTERN OPERATIONS MANAGER** DATE **4/21/97**
TYPE OR PRINT NAME **BILLY M. PRIEBE** TELEPHONE NO. **(915) 687-0556**

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: