

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. <u>30-025-03523</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>B-158</u>
7. Lease Name or Unit Agreement Name: <u>N.M. BZ State</u> <u>NCT 5</u>
8. Well No. <u>3</u>
9. Pool name or Wildcat <u>SAN SIMON YATES, North (Assoc)</u>

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

PAONGHORN MGT. Corp.

3. Address of Operator

P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location

Unit Letter E : 1980 feet from the North line and 660 feet from the West line

Section 29 Township 21S Range 35E NMPM Lea County

10. Elevation (Show whether DR, 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

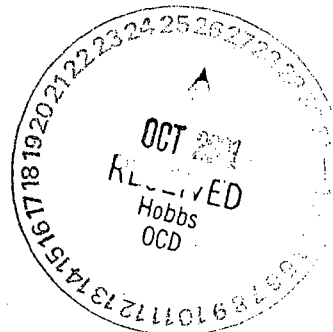
CASING TEST AND CEMENT JOB ☐

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

1. Move in and rig up.
2. Perforate additional Yates Sand.
3. Return well to production.
4. Evaluate for stimulation.

BEFORE EXAMINER
OIL CONSERVATION DIVISION
OCD EXHIBIT NO: 14
12771-A



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

SIGNATURE [Signature] TITLE Partner DATE 10/24/01

Type or print name Gary A. Baber

Telephone No. 505-393-8386

(This space for State use) ORIGINAL SIGNED BY

APPROVED BY NATURAL SCIENCE MANAGER - 2 GARY W. WINK

TITLE

DATE OCT 24 2001

Conditions of approval, if any:

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