

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.
30-025-22584

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
06 1295

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
Vista Resources, Inc. (A) dba Vista Resources of Texas, Inc.

3. Address of Operator
550 W. Texas Ave., Suite 700 Midland, Texas 79701

4. Well Location
Unit Letter H : 1980 Feet From The north Line and 510 Feet From The east Line

Section 22 Township 10S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4273' KB

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.

Set CIBP w/35' cmt on top @ 8800' (50' above Abo perfs)
Pull +/- 5000' 5-1/2" casing
Set 100' cmt plug 50' in and 50' out of 5-1/2" casing
Set 100' plug in bottom of 8-5/8" @ 3800'-3900'
Cut off +/- 1500' of 8-5/8" casing
Set 100' cmt plug 50' in and 50' out of 8-5/8" casing
Set 50' plug in bottom of surface casing @ 350'-400'
Set 10' surface plug, remove wellhead, install dryhole marker

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR INSPECTION
TO BE APPROVED.

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

SIGNATURE Steven D. Gray TITLE President DATE 2/9/98
TYPE OR PRINT NAME Steven D. Gray TELEPHONE NO. 915-570-5045

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: