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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-025-30124

5. Indicate Type of Lease
STATE ☐   FEE XX

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.)

7. Lease Name or Unit Agreement Name

MEYERS

1. Type of Well:
OIL WELL ☒ XX   GAS WELL ☐   OTHER

2. Name of Operator
JOHN L. COX

8. Well No.
5

3. Address of Operator
BOX 2217, Midland, Tx 79702

9. Pool name or Wildcat
Lovington (Paddock)

4. Well Location

Unit Letter N : 330 Feet From The South Line and 1980 Feet From The West Line

Section 33   Township 16S   Range 37E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3780' GR   3795' 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: BEGIN PLUG BACK OPERATIONS XX

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.

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8-23-94 - Set CIBP @ 10,969'  with 35' cement on top
          Set CIBP @  8,034'  with 35' cement on top
          Set CIBP @  6,535'  with 35' cement on top
8-29-94 - Perforate 6,242'-6,346' with 36 holes.  Treated with
          3000 gal. 15% NEFE acid.  SI 12 hrs.
9-1-94  - Preparing to put on pump.
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Martha Wittenbach_   TITLE Prodn. Acctng. Mgr.   DATE 10-5-94

TYPE OR PRINT NAME   Martha Wittenbach

TELEPHONE NO. 915 682-9435

(This space for State Use)

OCT 14 1994

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: