

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. 30-025-30515

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. V-1092

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
Terra Resources, Inc.

3. Address of Operator
10 Desta Drive, Suite 500 West, Midland, Texas 79705

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East Line

Section 23 Township 18S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3870.3' GL

7. Lease Name or Unit Agreement Name

Terra Exxon 23 State

8. Well No.
1

9. Pool name or Wildcat
Reeves, Penn

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 intermediate casing: 12/16/88

Circulated 75 sx cement to surface

Casing depth: 4595'

Size: 8-5/8"

Weight: 32#

Cemented with 2800 sx Silicalite w/.3% CFR3 3.5# salt - Tail w/200sx Class "C" w/2%

CaCl, 1/4#/sx Flocele

WOC: 12 hours

Test Blind Rams to 1000 psi.

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

SIGNATURE C. Robert Winkler III TITLE Operations Engineer DATE 1/3/89

TYPE OR PRINT NAME C. Robert Winkler III TELEPHONE NO. 915/684-3861

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 06 1989