

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

WELL API NO.

30-085-31004

5. Indicate Type of Lease

STATE ☐

FEE ☒

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

COO New Mexico, Inc.

3. Address of Operator

505 N. Big Spring St 105 Midland, Texas 79701

4. Well Location

Unit Letter

4

: 660'

Feet From The

East

Line and

1980

Feet From The

North

Line

Section

27

Township

19S

Range

38E

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:

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.

- Ser Clog @ 7100' (Top Pack @ 7202'). Cap w/ 20' Cement
- Circulate Hole Clean w/ 2% KCl plus Corrosion Inhibitor.
- Ser ROP @ ± 3400'. Perforate 3000-3120' 2 1/2" 120° Phasing.
- Annulus w/ 2500 Gallons 15% H₂O₂ & Rulsos
- Sealoff Test & Evaluate for Frac.

D. J. J. J.

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

SIGNATURE

Mark D. Clarke

TITLE

Engineer

DATE

7/11/95

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JOHN SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

JUL 12 1995

CONDITIONS OF APPROVAL, IF ANY: