

Submit 3 Copies
to Appropriate
District Offices

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. 30-025-08288
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-069515
7. Lease Name or Unit Agreement Name NORTH EL MAR UNIT
8. Well No. 33
9. Pool name or Wildcat EL MAR; DELAWARE

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 INJECTION WELL

2. Name of Operator
QUAY VALLEY, INC.

3. Address of Operator
P. O. BOX 10280 MIDLAND, TX 79702-7280

4. Well Location
Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line
Section 26 Township 26S Range 32E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3102' GR

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: REACTIVATE INJECTION WELL ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
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.

QUAY VALLEY, INC. PLANS TO:

1. DRILL OUT THE CIBP SET AT 4,556'
2. ACIDIZE AND CLEAN PERFS AT 4595'-98', 4604'-11', AND 4615'-18'
3. REACTIVATE FOR AN INJECTION WELL.

WORK WILL BE DONE WITHIN THE NEXT FEW WEEKS.

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

SIGNATURE [Signature] TITLE OFFICE MANAGER DATE 10/04/2000

TYPE OR PRINT NAME STELLA SWANSON, CPL TELEPHONE NO. (915)687-4220

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____