

State of New Mexico  
Energy, Minerals and Natural ResourcesForm C-103  
Revised July 18, 2013

HOBBS OCD

## OIL CONSERVATION DIVISION

FEB 21 2017 1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO.

30-025-06270

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

0300626670

7. Lease Name or Unit Agreement Name  
Turland Federal #1

8. Well Number 1

9. OGRID Number 025593

10. Pool name or Wildcat  
Eumont Yates 7R Queen

## 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

Zachary Oil Operating Co

3. Address of Operator

6300 Ridglea Pl, Ste 605 Ft Worth, TX 76116

4. Well Location

Unit Letter K: 1700 feet from the West line and 1700 feet from the South lineSection 27 Township T20S Range 37E NMPM County Lea NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐PLUG AND ABANDON ☒CHANGE PLANS ☐MULTIPLE COMPL ☐

## SUBSEQUENT F

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING/CEMENT JOB ☐OTHER: ☐INT TO PA Am.x  
P&A NR \_\_\_\_\_  
P&A R \_\_\_\_\_

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

See attached Sundry Notice that was sent to the BLM. Found out today need to be approved through NMOCD.

NOTIFY OCD 24 HOURS PRIOR TO  
BEGINNING PLUGGING OPERATIONS

Spud Date:

Rig Release Date:

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

SIGNATURE \_\_\_\_\_ TITLE President DATE 2/21/17Type or print name J Mack Slaughter E-mail address: jonijames.slaughterco@gmail.com PHONE: 817-870-9001

For State Use Only

APPROVED BY: Mack Slaughter TITLE Petroleum Engr. Specialist DATE 02/21/2017

Conditions of Approval (if any):



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an  
abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE - Other instructions on page 2.**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Zachary Oil Operating Company

3a. Address  
P.O. Box 1060 Eunice, New Mexico 88231-1060  
6300 REDCLIFF PL FT WORTH TX 76116

3b. Phone No. (include area code)

817-870-9001

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1700 FSL, 1700 FWL, Sec 27, TS 20 S, Rg 37E

5. Lease Serial No.  
025593

6. If Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.  
Turland Federal #1

9. API Well No.  
30-025-06270

10. Field and Pool or Exploratory Area  
Eumont/Yates 7RVRS QN (Pro Gas)

11. Country or Parish, State  
Lea, New Mexico

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

1. MIRU W/S Unit & P & A Equipment
2. Check PSI, Kill as Needed
3. N/D W/H N/U BOP
4. Release Packer POH L/D Production Tubing\
5. R/U Wireline, Run Gauge Ring to 3480'. Set CIBP @ 3434'. R/D Wireline.
6. TIH Tubing Tag CIBP @ 3434'. Circulate Salt Gel Mud. Test Casing 500 PSI.
7. Spot 25 sacks Class C 3434'-3187'. WOC. Tag Plug.
8. L/D Tubing to 2550'. Spot 25 sacks Class C 2550'-2303'. WOC. Tag Plug.
9. L/D Tubing to 1324'. Spot 25 sacks Class C 1324'-1080'. WOC. Tag Plug.
10. L/D tubing.
- 11 R/U Wireline. Perforate @ 248'. Establish rate.
12. Circulate 75 sacks Class C 248'- Surface. Leave 5-1/2" Casing Full.
13. N/D BOP. Wash out. R/D W/S Unit & P & A Equipment.
14. Cut off Wellhead 3' BGL. Install Dry Hole Marker per BLM requirements.

'L.P.C' AREA - Below grade marker

8 5/8 @ 198'  
5 1/2 @ 3482'  
T. ANHY 1235'  
B. SALT 2540'  
DV TOOL 1274

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

J MACK SLAUGHTER

Title PRESIDENT

Signature

Date

2/1/17

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)