

HOBBS OGD  
APR 05 2017  
RECEIVED

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
June 19, 2008

WELL API NO. 30-025-06270 ✓	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. 0300626670	
7. Lease Name or Unit Agreement Name Turland Federal #1 ✓	
8. Well Number #1	
9. OGRID Number 25593	
10. Pool name or Wildcat (GAS) EUMONT, YATES-TRVRS-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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> ✓	
2. Name of Operator Zachary Oil Operating Co.	
3. Address of Operator 6300 Ridglea Pl. Ste. 605 Ft. Worth, Texas 76116	
4. Well Location Unit Letter <u>K</u> : <u>1700</u> feet from the <u>West</u> line and <u>1700</u> feet from the <u>South</u> line Section <u>27</u> Township <u>20 S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENT PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: _____		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
INT TO PA P&A NR <u>300 X</u> P&A R <u>✓</u>		ALTERING CASING AND A <input checked="" type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3-6-17 Notify mark Whitaker NMOCD of R/U. 3-9-17 Set CIBP @ 3434'. Tag CIBP with Tubing @ 3427'. Circulate 30 bbl. B/W, Mix 10 sacks Salt Gel with 40 bbl. B/W. Test casing to 500 PSI. Test good. Notify Mark Whitaker NMOCD of casing test. He waived WOC and tag on top of CIBP. Spot 25 sacks Class C 3437'-3190'. Spot 25 sacks Class C 2565'-2318'. WOC. Tag Plug @ 2309'. 3-10-17 Spot 25 sacks Class C 2%CaCl2 @ 1345'-1098'. WOC. Tag Plug @ 1093'. Perforate @ 248'. Establish rate 2.3 BPM @ 200 PSI. Circulate 85 sacks Class C 248' - Surface. 3-13-17 Verify cement at surface. Job finished and well complete. Cut well off 3' BGL and install below ground dry hole dry hole marker per NMOCD instructions.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.  
Restoration Due By \_\_\_\_\_

Spud Date: \_\_\_\_\_

Rig Release \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Type or print name \_\_\_\_\_

E-mail address: \_\_\_\_\_

PHONE: \_\_\_\_\_

For State Use Only

APPROVED BY: \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Conditions of Approval (if any):