

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-003-20023

5. Indicate Type of Lease

State ☒ Fee ☐

6. State Oil & Gas Lease No.

164557

7. Lease Name or Unit Agreement Name

Cottonwood Canyon

8. Well No.

2

9. Pool Name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well

Oil Well ☐ Gas Well ☒ Other Co2

2. Name of Operator

Ridgeway AZ Oil Corp

3. Address of Operator

P.O. Box 1110 St. Johns, AZ. 85936

4. Well Location

Unit Letter F 2189 Feet From The North Line and 761 Feet From The West
Section 16 Township 1s Range 21w NMPM Catron County

10. Elevation (Show Whether DF, RKB, RT, GR, etc.)

7410 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT J ☐
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

Program start date May 1, 2000

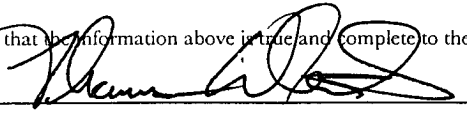
Program as follows:

Rig up swabb unit and lubricator to well head and flow line, run in hole with sand line drill to 2665'

Drill out composite plug, pull out of hole and rig up swabb mandril run in hole and swabb well in, place flow on choke and let well blow clean, when well blows dry rig up test unit on well for test

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

SIGNATURE



TITLE

Operations Manager

DATE

4/19/00

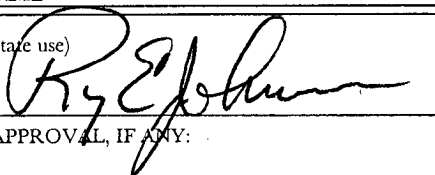
TYPE OR PRINT NAME

Thomas White

TELEPHONE NO.

(This space for state use)

APPROVED BY



TITLE

DISTRICT SUPERVISOR

DATE

4/24/00

CONDITIONS OF APPROVAL, IF ANY: