

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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RECEIVED BY
OIL CONSERVATION DIVISION
P. O. BOX 2088
ALBUQUERQUE, NEW MEXICO 87501
MAR 18 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Diamondback Pet. Inc.	8. Farm or Lease Name Hardin State
3. Address of Operator P.O. Box 2938 Ruidoso, N.M. 88345	9. Well No. 2
4. Location of Well UNIT LETTER H 2190 FEET FROM THE North LINE AND 990 FEET FROM East THE LINE, SECTION 5 TOWNSHIP 17S RANGE 29E N.M.P.M.	10. Field and Pool, or Wildcat Wildcat - <i>Quinn</i>
15. Elevation (Show whether DF, RT, GR, etc.) 3610 GR	12. County Eddy

16. 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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

3-6-85 Spud 12½ hole @ 12:30 AM, TD 350 ft. set 343 Ft 8 5/8" 24# csng cnt w/250 sxs class C 2% CaCl₂ pd @ 6:52 PM. Cir. 20 sxs to pit woc 18 hrs. Pressure test csng to 600# held 30 min.

3-10-85 TD 2050 Run Dresser CNL/FDC DLL.

3-11-85 Run 2048 ft 5½" 17# csng cnt w/ 500 sxs Class C 2% pd @ 12:51 PM Cir 75 sxs to pit woc 18 hrs Pressure test csng to 800 # held 30 min. Released rig.

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

SIGNED _____ TITLE Geologist DATE 3-15-85

Original Signed By
Leslie A. Clements

APPROVED BY _____ Supervisor District II TITLE _____ DATE MAR 19 1985

CONDITIONS OF APPROVAL, IF ANY: