

To Appropriate
District Office
DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
811 South First, Artesia NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

GAL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

Revised March 25, 1999

WELL API NO.

30-015-01100

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E2597

7. Lease Name or Unit Agreement Name:

EXXON STATE

8. Well No.

07

9. Pool name or Wildcat

MAGNEDA YATES

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEPEND ON PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM GC-101) FOR SUCH PROPOSALS)

1. Type of Well:

Oil Well ☒

Gas Well ☐

Other

2. Name of Operator

DEL TAYLOR

3. Address of Operator

1403 W. EDWARDS, CARLSBAD, N.M. 88220

4. Well Location

Unit letter C : 990' feet from the South line and 2316 feet from the East line

Section

15

Township

21S

Range

27E

NMPM

Eddy

County

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

3284

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 ☐

MULTIPLE COMPLETION ☐

OTHER: Temporary Abandon ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

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

Well # 7 has 6 5/8" casing to 196' from the surface
Sept 28, 2000 the well was checked to determine the static level to be 224' from the surface, 28' below the bottom of the casing; this determination requested by Mr. Tim Gum

Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gum.

Approved by Tim Gum Date Nov 2005

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

SIGNATURE

Del Taylor

TITLE

operator

DATE

11/4/00

Type or print name

DEL TAYLOR

Telephone No. 887 2570

(This space for State use)

APPROVED BY

Tim Gum

TITLE

Field Rep

DATE

11-21-00

Conditions of approval, if any: