Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name: Santa Fe.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: M & C Oil, Inc

8. Well No. 1

3. Address of Operator: P.O. Box 957, Crossroads, NM 88114

9. Pool name or Wildcat: Crossroads Devonian East

4. Well Location
Unit Letter C : 660 Feet From The North Line and 1943 Feet From The West Line

Section 30 Township 9-S Range 37-E NMPM Lea County

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: Plug back & recomplete in same zone ☒	

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.

1-11-92 Set CIBP on WL at 12,167' depth in 5½" casing. Perf. 5½" csg. fm. 12,159'-12,164'.

1-12-92 Acdz. new perfs w/ 200 gal. 15% HCl. Swbd. back load & swbd. formation fluid w/ 5% oil cut.

1-19-92 Set CIBP at 12,156'. Perf. 5½" csg fm. 12,141'-12155'. Treated 12,141'-12,155' w/ 500 gal 20% HCl. Swbd. back load. Recovered all load plus form. fluid w/ 5% oil cut.

1-21-92 Instld. hyd. pumping equipment.

1-22 To 3-18-22 Pump testing 10 T. 30 BOPD & 1300-2000 BWPD. Plan to PB & recomplete.

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

SIGNATURE Wm. Groesbeck TITLE President DATE 3-20-92

TYPE OR PRINT NAME W.M. Groesbeck TELEPHONE NO. 505-393-2740

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE MAR 23

CONDITIONS OF APPROVAL, IF ANY: