

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

30-025-34049

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

State 7

8. Well No.

1

9. Pool name or Wildcat

Devonian - Wildcat

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 ☒

GAS

WELL ☐

OTHER

2. Name of Operator

Cobra Oil & Gas Corporation

3. Address of Operator

P.O. Box 8206 Wichita Falls, Texas 76307-8206

4. Well Location

Unit Letter P : 591 Feet From The South Line and 543 Feet From The East Line

Section 7

Township 10S

Range 37E

NMPM

Lea

County

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

3974' 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. ☐

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.

Spud well 7/16/97 with Patterson Drlg Co. Rig #46. Drill 17½" surface hole to 440'. Run 13 3/8" 48# H-40 casing and set @ 404'. Cement with Halliburton using 350 sacks Class "C" with 2% CaCl₂ mixed at 14.8 ppg, 1.32 cuft/sack. Plug down at 5:30 AM, 7/17/97.

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

SIGNATURE

Rory Edwards

TITLE Production Supervisor

DATE 7/21/97

TYPE OR PRINT NAME

Rory Edwards

TELEPHONE NO.

940-716-5100

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: