

Submit 3 Copies to Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.

30-025-34746

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

VO 5572

7. Lease Name or Unit Agreement Name:

State

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

C. F. Qualia Operating, Inc.

3. Address of Operator

P. O. Box 991, Midland, Texas 79702

4. Well Location

Unit Letter L : 660 feet from the West line and 1675 feet from the South line

Section 1 Township 18S Range 36E NMPM Lea County

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

3789' GL 3799' KB

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 ☐ MULTIPLE COMPLETION ☐

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

12/2/99 Reached TD of 4560', ran 106 jts of 4 1/2" casing, cemented with 335 sx Prem Plus 50-50 Pozmix A w/2% gel and 0.6% Halad 9 and 3# salt per sx. Plug down 12/1/99. W.O.C. Rig released 12/2/99.

(Ran casing to depth of 4560'.

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

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 12/07/99

Type or print name Ann E. Ritchie

Telephone No. 915- 684-6381

(This space for State use)

APPROVED BY David L. Williams TITLE Director DATE 12/7/99

Conditions of approval, if any: