

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 Braton Rd., Aztec, NM 87410

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

WELL API NO.
30-037-20050

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
N/A

7. Lease Name or Unit Agreement Name

Stansberry-Cox

8. Well No.

9. Pool name or Wildcat
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

Tenison Oil Company

3. Address of Operator

8140 Walnut Hill Lane, #601, Dallas, Texas 75231

4. Well Location

Unit Letter I : 1942.2 Feet From The South Line and 676 Feet From The East Line

Section 29

Township 13N

Range 33E

NMPM Quay

County

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

3985 GL

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.

Proposed plugging and abandonment to begin approx. Dec. 9, 1992:

1. Cement Plug No. 1 from 1,480' to 1,420'. Note: Top of Glorietta @ 1,470'.
2. Cement Plug No. 2 from 1,028' to 928'. Note: Top of San Andres @ 978'.
3. Cement Plug No. 3 from 730' to 630'. Note: Bottom of 8-5/8" casing @ 680'.
4. Cement Plug No. 4 from 8' to surface.
5. Weld identifying information on casing riser and restore location.

12-8-92
OK'd Rg

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

SIGNATURE

Bruce C. Macke

TITLE Operations Manager

DATE 12/8/92

TYPE OR PRINT NAME

TELEPHONE NO. (214) 363-5005

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: