

# Memo

From  
ROY JOHNSON  
Geologist

To Cecil —

Per your verbal request all  
information will be kept tight.

Thanks for the mud reports—  
this info will be highly valuable  
for those studying water resources.

RJ

Oil Conservation Division Santa Fe, New Mexico 87501  
(505) 827-~~4280~~  
8192

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

2040 Pacheco St.  
Santa Fe, 87505

WELL API NO.  
30-053-20011

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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER Dry Hole

2. Name of Operator  
Davis Petroleum Corp.

3. Address of Operator  
1360 Post Oak Blvd., Suite 2400 Houston, Texas 77056

4. Well Location  
Unit Letter N : 800 Feet From The South Line and 1716 Feet From The West Line

Section 19 Township 4N Range 1E NMPM Socorro County

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

4844' GL 4856' 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 ☐  
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.

Completed plugging well as follows:

6600' - 6400': 250 sacks cement  
1072' - 972' : 75 sacks cement  
25' - surface : 10 sacks cement

Job complete 10 AM 3/28/96. Cut off casing below GL and installed abandonment marker containing operator name, well name, location, and TD.

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

SIGNATURE Cecil D. Gritz TITLE Agent DATE 3/29/96

TYPE OR PRINT NAME Cecil D. Gritz TELEPHONE NO. (817) 579-8260

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 4/3/96

CONDITIONS OF APPROVAL, IF ANY: