

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

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:

OR  
WELL ☐

OAS  
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

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

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: