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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

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

WELL API NO.

30-007-20067

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

2. Name of Operator

Vermejo Park Corporation c/o Vermejo Minerals Corp.

3. Address of Operator

Route 1, Box Cimarron, NM 87714

4. Well Location

Unit Letter 0 : 740 Feet From The South Line and 1640 Feet From The East LineSection 13Township 29 NRange 21 E

NMPM

Colfax

County

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

6786 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.

Fill wellbore with fluid. Tag bottom. Set cement plug from TD to 3200'. Test and free point 4 1/2", if free, cut and pull. Set 100' plug on top of 4 1/2" stub, 150' plug across surface casing seat, and 50' plug and marker at surface. If not free, set only surface plug and marker. Work to begin about 5 December 1989.

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

SIGNATURE L. D. Williamson TITLE Operations Superintendent DATE 11/15/89

TYPE OR PRINT NAME L. D. Williamson

TELEPHONE NO. 505-376-2817

(This space for State Use)

APPROVED BY R. E. Johnson TITLE Assistant Secretary DATE 11-17-89

CONDITIONS OF APPROVAL, IF ANY: