

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, NM 87505

WELL API NO.

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 CO₂

2. Name of Operator

Sophia Exploration Co.

3. Address of Operator

UNKNOWN (State of New Mexico)

7. Lease Name or Unit Agreement Name

Roxana State

8. Well No.

1

9. Pool name or Wildcat

Wildcat - CO₂

4. Well Location

Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West Line

Section 36

Township 26 North Range 29 East NMPM

Union County

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

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: IFB No. 60-521.25-05949 ☒

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.

Plug and Abandonment Contract with N.M.O.C.D.
7-10-96 MIRU Mack's Drilling, pump 35 BBL's 9.2#/gal mud, kill well,
RIH w/1960 2 3/8 tbg, pump 40 sacks 15#/gal cement.
POOH to 980', shut in well overnight.

7-11-96 mix and pump 12 sacks 15#/gal cement, POOH to 90' and pump
10 sacks cement, weld on dry hole marker, clean location.

Work witnessed by Roy Johnson NMOC.D.

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

SIGNATURE Robert E. Mack TITLE owner Mack's Drilling DATE 7-13-96

TYPE OR PRINT NAME Robert E. Mack TELEPHONE NO. 445-2693

(This space for State Use)

APPROVED BY Roy Johnson TITLE DISTRICT SUPERVISOR DATE 7/13/96

CONDITIONS OF APPROVAL, IF ANY: