Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO.
30-037-20050

5. Indicate Type of Lease STATE ☐ FEE ☒

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

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.)

7. Lease Name or Unit Agreement Name
Stansberry-Cox

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Tenison Oil Company

8. Well No.
1

3. Address of Operator
8140 Walnut Hill Lane, #601, Dallas, Texas 75231

9. Pool name or Wildcat
Wildcat

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 DF, RKB, RT, GR, etc.)
3985 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☒	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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 REJ

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 Bruce C. Macke TELEPHONE NO. (214)363-5005

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: