

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:
OIL WELL ☐ GAS WELL ☒ OTHER

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.

Commenced drilling 17 1/2" hole @ 6:30 AM 3/2/96. Drilled to 123' KB. Set 13 3/8" csg. @ 123' KB for conductor. Cemented same w/ 113 sx Class G + 3% CC. Cement circulated. Drilled 12 1/4" hole to 1026' KB. Set 9 5/8" csg. @ 1022' KB. Cemented same w/ 320 sx 65/35 Poz and 100 sx Class G + 2% CC. Cement circulated. Performed top outside job down 1" pipe at 40' with 43 sx Class G + 3% CC. WOC and NU 20 1/4 hrs. Tested casing to 500psig surface pressure for 30 minutes. Held okay.

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 3/4/96
TYPE OR PRINT NAME Cecil D. Gritz TELEPHONE NO. (817) 579-8260

(This space for State Use)

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 3/15/96
CONDITIONS OF APPROVAL, IF ANY