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

C-15

WELL API NO. 30-005-60372

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. L 413

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: Copelan

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

2. Name of Operator: Rapid Oil Co

8. Well No. 1

3. Address of Operator: POBox 1231 Lovington, N.M. 88260

9. Pool name or Wildcat: Rabbit Flats Qu

4. Well Location
Unit Letter C : 330' Feet From The North Line and 1650 Feet From The West

Section 31 Township 10 Range 27 NMPM Chaves Cou

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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☒	PLUG AND ABANDONME	
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.

1) Set CIBP @ 615'
2) cut csg @ 600'. Could not pull csg. Run in hole w/pkr + pressure up to 850 PSI.
3) Cut csg @ 400' + could not pull. Could not pump in @ 800 PSI
4) Run in hole w/tbg to 615' + fill hole to surface Prot ID-2 7-12-96 P+A with cement. Pumped 43½ sx.

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

SIGNATURE Ray Smith TITLE Deputy Oil & Gas Inspect DATE 6-24-96

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE