

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. 30-005-60730

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.)

7. Lease Name or Unit Agreement Name

O'BRIEN Derring

8. Well No. 6-2

9. Pool name or Wildcat
BULL'S EYE

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

2. Name of Operator
HARLOW CORPORATION

3. Address of Operator
119 WEST 152 AMARILLO, TX 79101

4. Well Location
Unit Letter V : 330 Feet From The South Line and 1650 Feet From The West
Section 6 Township 8S Range 29 E NMPM CHAVEZ Co

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 ABANDONME: ☐
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.

PERFORM CASING INTEGRITY TEST, WORK TO BEGIN AFTER
MAY 11, 1998.

Notify N.M.O.C.C. in sufficient time to witness

24hrs - pressure test / chart

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

SIGNATURE Gary Milgrouh TITLE AGENT DATE 4-28-98

TYPE OR PRINT NAME GARY MILGROUH TELEPHONE NO. 580 772 1111

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 5-21-98

CONDITIONS OF APPROVAL, IF ANY: