

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. 30-005-60732
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Twin Lakes San Andres Unit
Well No. 404 24
Pool name or Wildcat Twin Lakes San Andres (Assoc.)

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.)

Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

Name of Operator
Hanagan Petroleum Corporation

Address of Operator
P.O. Box 1737 Roswell, N.M. 88202

Well Location
Unit Letter H 2310 Feet From The North Line and 990 Feet From The East Line
Section 35 Township 8S Range 28E NMPM Chaves County

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: ☐

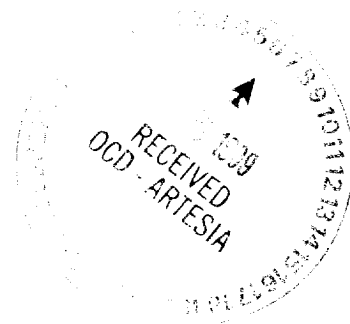
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Notify NMOCDD - Artesia, 24 hrs. prior to commencement of procedure

- Set CIBP @ 2439' 2550 cap w/ 35' cmt. (Top perf. @ 2539' 2568)
- RIH circulate well w/ 9.8# mud
- cut & pull 4 1/2 @ 2000'
- RIH spot 100' plug 50' in 50' out cut woc tag
- spot 160' cmt from 160 to surface 171' to surface.
- cut off well head set dry hole marker & clean location



* Notify N.M.O.C.D. to witness Plugging Operations.

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

SIGNATURE Wayne Brooks TITLE agent DATE 07-06-99

TYPE OR PRINT NAME Wayne Brooks TELEPHONE NO. 915-6848890

(This space for State Use)

APPROVED BY mae Stillfield TITLE Field Rep. II DATE 8/10/99
CONDITIONS OF APPROVAL, IF ANY