

to Appropriate
District Office

Energy, Minerals and Natural Resources Department

REVISED 1-1-85

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

JIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-005-60811

5. Indicate Type of Lease

STATE ☐ X FE

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

Willow Pipeline Company

8. Well No.

1

3. Address of Operator

P.O. Box 131 Weatherford, Oklahoma 73096

9. Pool name or Wildcat

4. Well Location

Unit Letter I : 23K Feet From The South Line and 33C Feet From The East

Section 12

Township 8S

Range 28E

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.

Between March 1, 1996 and September 30, 1997 the following remedial work was performed on the above named well:

1. Rods and tubing were pulled and laid down.
2. Fluid level was checked by using mechanical bailer.
3. Total Depth of well bore was checked by tagging bottom with Bailer.
4. Well bore was cleaned out to bottom of perforations by sand pump.
5. Well bore was bailed to check fluid fill level and oil cut.
6. No pump jack available.

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

SIGNATURE

TITLE

President

DATE 9-18-98

TYPE OR PRINT NAME

Gary Millspaugh

580-772-1111

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

District Supervisor

DATE

9-25-98

CONDITIONS OF APPROVAL, IF ANY: