

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

958
WELL API NO. 30-CC5-60921
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

3. Address of Operator
P.O. Box 131 Weatherford, Oklahoma 73096

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 2310 Feet From The West
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONME
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 [Signature] TITLE President DATE 9-18-98

TYPE OR PRINT NAME Gary Millspaugh 530-772-1111 TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] B67 TITLE District Supervisor DATE 9-25-98

CONDITIONS OF APPROVAL, IF ANY: