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NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

DEC 05 '88

O. C. D.
ARTESIA OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-3342
7. Unit Agreement Name
8. Farm or Lease Name Barnes State
9. Well No. 2
10. Field and Pool, or Wildcat Wildcat, Queens
12. County Chaves

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Orla Petco, Inc. ✓
3. Address of Operator P. O. Box 1383, Midland, Texas 70702
4. Location of Well UNIT LETTER <u>E</u> East, 2310' FEET FROM THE <u>North</u> LINE AND 990' FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>10-S</u> RANGE <u>27-E</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

3766 GL 3776

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒

17. 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.

TD 1250' Plug and Abandoned on 5-12-81

Loaded hole with gel water, spot plugs as follows:

35 sx - 850' / 950'
35 sx - 400' / 500'
15 sx - plug at surface with marker

Part ID-2
12-23-88
P+A

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

SIGNED Joseph Ruyh TITLE Vice President DATE 12-2-88

APPROVED BY Danell Moore TITLE Geologist DATE 11/1/89

CONDITIONS OF APPROVAL, IF ANY: