

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 16 1993

C. C. D.

WELL API NO.	30-005-62932
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VA 54
7. Lease Name or Unit Agreement Name	
State A-2	
8. Well No.	1
9. Pool name or Wildcat	Wildcat <i>Finelman</i>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
5467 GR	

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 Dry Hole

2. Name of Operator
Inland Gas Corporation

3. Address of Operator
1616 So. Voss Rd. Suite 610, Houston Texas 77057

4. Well Location
Unit Letter B : 1850 Feet From The South Line and 330 Feet From The West Line
Section 2 Township 17S Range 17E NMPM Chaves County

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: ☐

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.

1. Filled hole with dirt to 10' from surface.
2. Filled hole with ready mix cement from 10' to surface
3. Installed steel well marker.
4. Filled pit, levelled and cleaned location.

Post ID-2
8-18-93
PFA

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

SIGNATURE *N. G. Snyder* TITLE President DATE 8/11/93
TYPE OR PRINT NAME N. G. Snyder TELEPHONE NO. 3 789 5538

(This space for State Use)

APPROVED BY *[Signature]* TITLE *[Signature]* DATE 8/16/93

CONDITIONS OF APPROVAL, IF ANY: