

District Office
DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
811 South First, Artesia NM 88210

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

Energy, Minerals and Natural Resources Department

OF CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Revised March 25, 1999

WELL API NO.

30-015-00682

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

1579

7. Lease Name or Unit Agreement Name:

Ramapo

8. Well No.

4

9. Pool name or Wildcat

Empire-Yates-Seven Rivers

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

Gas Well Services

3. Address of Operator

PO Box 248 Artesia, N.M. 88210

4. Well Location

Unit letter N : 1650 feet from the West line and 990 feet from the South line

Section 36 Township 17S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3620 DF

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 ☒

MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Plug back to depth of 490'.
2. Run 4 1/2" liner to depth of appx. 490'.
3. Circulate cement.
4. Clean out to original depth of 530'.
5. Run tubing and rods.
6. Return well to production.



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

SIGNATURE

Rob Matthews

TITLE

Mgr.

DATE 7-15-99

Type or print name

Rob Matthews

505

Telephone No.

(This space for State use)

APPROVED BY

Jim W. Burns

TITLE

District Supervisor

DATE 7-15-99

Conditions of approval, if any: