

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

APR 9 1991

WELL API NO. 30-015-01287
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Kemper State
8. Well No. 2
9. Pool name or Wildcat Red Lake, East
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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
Beach Exploration, Inc.

3. Address of Operator
800 N. Marienfeld Ste. 200 Midland, Texas 79701

4. Well Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 36 Township 16 Range 28E NMPM Eddy County

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 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.

Beach Exploration, Inc. acquired this well thru the Red Lake Unitization, Kincaid-Watson was previous operator.

Intention to plug as follows: Move in clean out well bore to 1800', plug as follows:

- 10-30 #1 - 1582' - Queen formation *
2 - 3030' - Seven Rivers Formation *
3 - 630' - Base of Salt *
4 - 235' - Top of Salt *
5 - Surface

Post ID-2
4-26-91
why op name

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

SIGNATURE Juliana Chetm TITLE Production DATE 4-8-91

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY By Collins TITLE Chief Rep DATE 4/12/91

CONDITIONS OF APPROVAL, IF ANY:

* 25% or 100 ft greater of the 2

Notify N.M.O.C.C. in sufficient time to wire.

Plugging