C15F

Submit 3 Copies To Appropriate 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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-015-01306

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No. E-6566

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

7. Lease Name or Unit Agreement Name: ASU-"A"

1. Type of Well: Oil Well ☐ Gas Well ☑ Other

2. Name of Operator: Kersey & Company

8. Well No. 1

3. Address of Operator: P.O. Box 1248 Fredericksburg Tx 78624

9. Pool name or Wildcat: Vandagriff Keyes

4. Well Location

Unit letter M : 660 feet from the South line and 660 feet from the West line

Section 2 Township 17S Range 28E NMPM Eddy County

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☑	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

We contracted with Mark Hammond to plug this well, but he has his equipment on plugging jobs in Texas and will not be finished for sometime. Hughes Drilling has promised that he can have this well plugged by April 2nd 2002. Mr Hughes can be reached by telephone at 505 748-2619

Accepted for record - NMOCD

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

SIGNATURE Kenneth R Wade TITLE manager DATE 03-21-02

Type or print name Kenneth R Wade Telephone No. 830 997-7519

(This space for State use)

APPROVED BY Accepted for record - NMOCD TITLE _____ DATE _____

Conditions of approval, if any: