

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

SEP -7 '89

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Randel State

8. Well No.

1

9. Pool name or Wildcat

Vandagriff Keyes

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

American Exploration Company

3. Address of Operator

2100 RepublicBank Center, Houston, Texas 77002

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 4 Township 17S Range 28E NMPM Eddy County

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

3521' G

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.

7/21/89 Set CIBP @ 1262'. Load hole w/fresh water. Spot 35 sx. plug class "C" cmt. @ 1,265'. POH to 885'. Circ. hole w/25 bbls. 10% salt gel. POH and layed down tbq. to 350'. Circ. hole w/35 sx. class "C" neat cmt. POH w/remainder of tbq. Top csg. off w/cmt. Install dry hole marker. Cover up pit. FINAL REPORT

Post ID-2
9-15-89
PFA

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

SIGNATURE

Marty B. McClanahan

TITLE

Sr. Production Analyst

DATE 9/05/89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Danell Moore

TITLE

Inspector

DATE

11/13/89

CONDITIONS OF APPROVAL, IF ANY: