

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 26 1991

WELL API NO.

30-015-01518  
5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS.  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER A WELL 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

Beach Exploration, Inc.

3. Address of Operator

800 N. Marienfeld Ste 200 Midland, Texas

4. Well Location

Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East Line

Section 24 Township 16S Range 28E NMPM Eddy County

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

3586 GL

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 well in unitization of the Red Lake Waterflood Project.  
Well is to be plugged as follows:

- #1 Plug - 1382' Top of the Queen
- #2 Plug - 856' Top of the Seven Rivers
- #3 Plug - 465' Top of the Base Salt
- #4 Plug - 295' Top of the Salt Top

Perforation are 1537' - 99'.

\* gel between plugs

Post ID-3  
5-3-91  
chg op & well name

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

SIGNATURE Barbara Watson TITLE Production DATE 4-25-91

TYPE OR PRINT NAME Barbara Watson TELEPHONE NO. 915/683-6226

(This space for State Use)

APPROVED BY G. Henry Gibson TITLE INSPECTOR DATE 4-30-91

CONDITIONS OF APPROVAL, IF ANY:

\* As noted above

Plugging