

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-015-01721
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. B2071
Lease Name or Unit Agreement Name Caper Levers
Well No. 4
Pool name or Wildcat Artesia QNGRSA

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Vintage Drilling LLC	
Address of Operator P. O. Box 158 Loco Hills, NM 88255	
Well Location Unit Letter K : 1650 Feet From The South Line and 2310 Feet From The West Line 34 Section Township 17S Range 28E NMPM Eddy County	
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 ANBANDONMENT ☒  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

- 07/09/01 Circ. hole w/ mud laden fluid.  
1. 07/10/01 Perf. 5 1/2 csg. Set Pkr. @ 1300ft. Sqz. 50 sx. class "C" neat cmt. and displace to 1200 ft. WOC four hours.  
Tagged plug @ 1198 ft.  
07/10/01 Perf. 5 1/2 csg @ 581 ft.  
2. 07/11/01 Circ. 120 sx. class "C" neat cmt. down 5 1/2 csg. & up to surface of 8 5/8 csg.  
Install dry hole marker.



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

SIGNATURE Roger Brooks TITLE Cement Supervisor DATE 07-12-01  
TYPE OR PRINT NAME Roger Brooks TELEPHONE NO. 915-580-7161

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep ID DATE OCT 23 2002  
CONDITIONS OF APPROVAL, IF ANY: