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

CISF

WELL API NO.
30-015-10227

5. Indicate Type of Lease
Federal ☑ STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
Federal NM 12898

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:
A.S.U.

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

2. Name of Operator
Kersey & Company

8. Well No.
2

3. Address of Operator
P.O. Box 1248 Fredericksburg TX. 78624

9. Pool name or Wildcat
Vandagrift Keys (Queen)

4. Well Location

Unit letter D : 660 feet from the North line and 660 feet from the West line

Section 11 Township 17S Range 28E NMPM Eddy County

[redacted]

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

[redacted]

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.

Clean well bore to T.D., set pumping unit, run tubing, rods and pump return to production.
We have contracted for a work over rig and work should be started by March 1, 2002.

This well must be in production on or before 3-15-02

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 02-08-02

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

(This space for State use)

Field Rep II

FEB 19 2002

APPROVED BY ______ TITLE ______ DATE ______
Conditions of approval, if any: