C15Y

Submit 3 Copies
To Appropriate
District Office

DISTRICT I
P.O. Box 1980, 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

RECEIVE

Form C-103
Revised 1-1-89

WELL API NO.
30-015-1070900

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-5300

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:
Constate

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

2. Name of Operator
Mercury Exploration Company

8. Well No.
1

3. Address of Operator
P. O. Box 1970   Casper, WY   82602

9. Pool name or Wildcat
Grayburg Jackson

4. Well Location
Unit letter____**36-D**____:_____feet from the _____line and _____feet from the
line   **16S – 31E**

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   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING
WORK

TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND
                                                                                                  ABANDONMENT **X**
PULL OR ALTER CASING   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.

6-9-98	Spot 25 sxs @ 3244' – 2960' – Tagged
6-9-98	Spot 25 sxs @ 2000' – 1800'
6-9-98	Perf @ 200' & squeeze w/43 sxs to 50'
6-9-98	Spot 10 sxs @ 50' – Surface. Installed dry hole marker

Hole was circulated w/10 ppg mud

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

SIGNATURE_____ TITLE **Regional Operations Eng.**____DATE __**1/22/99**__

Type or print name ____**Ken Hendricks**_____   Telephone No. **307/234-1653**

(This space for State use)

APPROVED
BY _____ TITLE ____   Gerry Guye
Conditions of approval, if any: Compliance Officer   DATE **7-9-02**