

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
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

5. Indicate Type of Lease
STATE ☐ FEE ☐ Fed ☒

6. State Oil & Gas Lease No.
NM 77042

7. Lease Name or Unit Agreement Name:
SUPERIOR Fed.

8. Well No. 1

9. Pool name or Wildcat
Square Lake

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3958

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
George A Chase Jr.

3. Address of Operator
Po Box 1618 88211-1618

4. Well Location
Unit Letter F : 2310 feet from the North line and 1980 feet from the West line
Section 20 Township 16S Range 31E NMPM County Eddy

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 recompilation.

Plug Back to Queen & test



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

SIGNATURE George A Chase Jr. TITLE Owner DATE 01-21-02

Type or print name

Telephone No.

(This space for State use)

APPROVED BY Denied TITLE Owner DATE JAN 30 2002
Conditions of approval, if any: Federal Approval Required