

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
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	WELL API NO. 30-015-21787
2. Name of Operator Jenkins Bros. Drilling Co.	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 609 N. Chestnut Carlsbad, NM 88220	6. State Oil & Gas Lease No. B2179
4. Well Location Unit Letter <u>I</u> : <u>1650</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>East</u> line Section <u>9</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	7. Lease Name or Unit Agreement Name: Boling State
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3441</u> GR	

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 ☐ MULTIPLE COMPLETION ☐
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Fill with sand to top of pay inside 4 1/2 casing.
Run Plug and bail hole dry.
Fill to surface w/Cement.
Set dry hole marker.



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

SIGNATURE [Signature] TITLE Secretary DATE 2/9/01

Type or print name _____ Telephone No. _____
(This space for State use)

APPROVED BY [Signature] TITLE Field Rep. II DATE 3/6/2001
Conditions of approval, if any:

*Notifie N.M.O.C.D. To witness Plugging Operations.