

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
K - 6845

7. Lease Name or Unit Agreement Name

R & S STATE

8. Well No.

1

9. Pool name or Wildcat
RED LAKE

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

GENE SNOW

3. Address of Operator

606 S. 13TH ST. LOVINGTON, NEW MEXICO 88260

4. Well Location

Unit Letter K : 1980 Feet From The WEST Line and 1980 Feet From The SOUTH

Section 7 Township 17-S Range 28 NMPM EDDY County

10. 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 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.

- 1) SET 4 1/2 C.I.B.P. AT 1600' AND CAP W/35 CEMENT
- 2) LOAD HOLE W/MUD
- 3) PERFERATE 4 1/2 CASING AT BASE OF SALT 850' SQUEEZE W/35 SACKS CEMENT AND TAG
- 4) PERFERATE 4 1/2 CASING AT TOP OF SALT 450' QUEEZE W/60 SACKS OF CEMENT AND TAGE - THIS PLUG WILL ALSO COVER THE 8 5/8 SHOE AT 341'
- 5) PERFERATE 4 1/2 CASING AT 50' CIRCULATE CEMENT TO SURFACE AND SET P.A. MARKER

Notify N.M.O.C.C. in sufficient time to witness

Tags

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

SIGNATURE

Raymond M. Maldonado

TITLE

Supervisor

DATE

12-10-96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Jim W. Gentry

District Supervisor

APPROVED BY

TITLE

DATE

12-10-96

CONDITIONS OF APPROVAL, IF ANY: