

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

SEP 29 89

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-2071

7. Lease Name or Unit Agreement Name

Lara Michelle

8. Well No.

1

9. Pool name or Wildcat

Artesia Q G SA

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

TOMSCO Energy

3. Address of Operator

P.O. Box N, Artesia, New Mexico 88210

4. Well Location

Unit Letter N : 990 Feet From The South Line and 2310 Feet From The West Line

Section

34

Township

17S

Range

28E

NMPM

Eddy

County

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

GR 3660.7

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.

09-06 through 09-07-89. Added Grayburg perms: 2279, 74, 73½, 65, 64, 63, 62, 61, 39, 38, 37, 36, 2128, 2086, 84, 20, 16, 11, 10, 9, 8, 7, 1951, 50 - 26 Holes. Broke perms w/acid. Fraced as follows: 80,000 gal. cross link gel, 150,000 lbs. of 20/40 sand, avg. rate - 50 BPM, avg. psi - 2300. Initial Production - 20 BOPD, Trace of water.

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

SIGNATURE

Thomas K. Scroggin

TITLE

Operator

DATE 09-28-89

TYPE OR PRINT NAME

Thomas K. Scroggin

TELEPHONE NO. 505-748-133

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

SEP 29 1989

CONDITIONS OF APPROVAL, IF ANY: