

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
1 gy, 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 1278
Santa Fe, New Mexico 87504-2088

JUL - 1 1996

WELL API NO. 30-015-01904	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 647	
7. Lease Name or Unit Agreement Name Graridge State	
8. Well No. #3	
9. Pool name or Wildcat Artesia Q-GR-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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator ACECO PETROLEUM	
3. Address of Operator 2106 Richey, Artesia, NM 88210	
4. Well Location Unit Letter L : Feet From The 2350 South Line and 1050 Feet From The West Line Section 17 Township 18 South Range 28 East 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.

Plan to start remedial work on this well as soon as possible in hopes to obtain production

Record only

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

SIGNATURE Harold D. Parrish, Sr. TITLE Owner DATE 6-25-96
TYPE OR PRINT NAME Harold D. Parrish, Sr. TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: