

1625 N. French Dr., Hobbs, NM 88240

811 South First, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

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

State of New Mexico
Geology, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

12345678910
RECEIVED
ARTESIA
MAR 15 2002

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

WELL API NO.
30-015-02633

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
G-1409

7. Lease Name or Unit Agreement Name:
Texaco - Donohue

8. Well No.
2

9. Pool name or Wildcat
Artesia Q, GB, 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
Kersey & Company

3. Address of Operator
P.O. Box 1248 Fredericksburg, TX, 78624

4. Well Location
Unit Letter J : 1650 feet from the South line and 1650 feet from the East line
Section 7 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, 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 ☐ 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.

03-06-02 Old pumping unit was removed from lease, and replacement pumping unit set.

03-07-02 Installed electric motor and started well pumping
Initial production (24hrs) 20 bbls H₂O, 2 bbls oil

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

SIGNATURE Kenneth R Wade TITLE Manager DATE 03-14-02Type or print name Kenneth R Wade Telephone No. 830 997-7519
(This space for State use)APPROVED BY [Signature] TITLE Field Rep DATE APR 3 2002
Conditions of approval, if any: