

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
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

WELL API NO.
30-015-22986

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L-3853

7. Lease Name or Unit Agreement Name:
NEW MEXICO STATE 'AB' COM

8. Well No.
1

9. Pool name or Wildcat
TURKEY TRACK ATOKA (GAS)

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
Anadarko Petroleum Corp.

3. Address of Operator
P.O. Box 2497 Midland, TX 79702

4. Well Location
Unit Letter H : 1980 feet from the NORTH line and 660 feet from the EAST line
Section 36 Township 18S Range 28E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3409.5' 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 recompletion.

1. RUPU. ISOLATE MORROW PRODUCTION WITH PROFILE PLUG. INSTALL BOP.
2. TOH W/TBG. TIH WITH TBG & PACKER & TCP ASSEMBLY.
3. PERF ATOKA INTERVAL (10,400 - 10,412').
4. TEST ACCORDING TO OCD RULES.



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

SIGNATURE Kaye McCormick TITLE REGULATORY TECHNICIAN DATE 07-06-2000

Type or print name KAYE MC CORMICK Telephone No. 915-683-0557

(This space for State use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE 7-19-00
Conditions of approval, if any: