

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

AUG - 6 1992

WELL API NO.
30-015-27035

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. 647

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
Plains Petroleum Operating Company ✓

3. Address of Operator
415 W. Wall, Suite 1000 Midland, Texas 79701

4. Well Location
Unit Letter M : 920 Feet From The South Line and 1095 Feet From The West Line

Section 21 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
Gr 3573

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.

7-13-92 CapStar Drlg. Co. spudded 12 1/4" hole. Ran 8 jts 8 5/8" 24# csg w/3 centralizers. Set @ 355' KB. Cmt w/220 sx "C", 2% CaCl. Displace w/20 bbls FW. Circ 60 sx cmt to pit. WOC 6 hrs. NU BOP, held ok.

7-21-92 7 7/8" hole TD 3000' - PSTD 2952'. Ran 67 jts 5 1/2" 14# csg to 2998'. Cmt w/400 sx "C" Lite & 300 sx "C" 50/50 Poz. Circ 35 sx to pit. (Ran 10 centralizers) Release rig 7-21-92. WOC 96 hr.

7-27-92 Perf 2 JSPF @ 2621' - 2838' (126 holes)

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

SIGNATURE Bonnie Husband TITLE Office Manager/Tech DATE 7-31-92
TYPE OR PRINT NAME Bonnie Husband TELEPHONE NO. 915/683-4434

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE AUG 2 1992

CONDITIONS OF APPROVAL, IF ANY: