

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 87500-2088

MAY 26 1992

WELL API NO.

30-015-27406

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-7811

7. Lease Name or Unit Agreement Name

Cedar Breaks "2" State

8. Well No.

3

9. Pool name or Wildcat

Walters Lake Bone Spring

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

Newbourne Oil Company

3. Address of Operator

P. O. Box 5270 Hobbs, New Mexico 88241

4. Well Location

Unit Letter 0 : 990 Feet From The South Line and 1980 Feet From The East Line

Section 2

Township 18S

Range 30E

NMPM

Eddy

County

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

3545' 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 ☐

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.

Propose to change original T. D. from permitted C-101 depth of 7500' to a depth of 10,800'.

New Pool Designation would be Cedar Lake Strawn.

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

SIGNATURE

Bill Pierce

TITLE

Drilling Supt.

DATE

5/26/93

TYPE OR PRINT NAME

Bill Pierce

TELEPHONE NO.

505
393-5905

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

MAY 28 1993

CONDITIONS OF APPROVAL, IF ANY:

100-442617-10040
 100-442617-10040
 100-442617-10040