

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

WELL API NO.

30-015-00054

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-2781

7. Lease Name or Unit Agreement Name

Gorman Stake

8. Well No.

1

9. Pool name or Wildcat

Canyon Wolfcamp

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

JUL 1 8 1996

2. Name of Operator

Lindenmuth & Associates Inc.

3. Address of Operator

510 Hearn Austin Tx 78703

4. Well Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section

36

Township

19S

Range

24E

NMPM

Eddy

County

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

3614 KB

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: Sell Well ☐

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.

As per discussion with Brian Arrant on 7/11/96, currently negotiating a potential sale with another operator. No detail available on their exact plans, although it is likely a recompletion. If no action by 11/1/96, Lindenmuth & Associates would file P/A procedure with State.

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

SIGNATURE

Gordon H. Deen

TITLE

Operations Manager

DATE

7/11/96

TYPE OR PRINT NAME

Gordon H. Deen

TELEPHONE NO. 512 322 9779

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

