

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. <u>30-015-02308</u>
5. Indicate Type of Lease STATE ☒ FEE
6. State Oil & Gas Lease No. <u>B-10716</u>

7. Lease Name or Unit Agreement Name <u>Caroline</u>
8. Well No. <u>5</u>
9. Pool name or Wildcat <u>East Millman 7R</u>

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
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2. Name of Operator <u>Frank Boyce</u>

3. Address of Operator <u>149 E. Kincaid Ranch Rd. Artesia, NM 88210</u>

4. Well Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Section <u>28</u> Township <u>19S</u> Range <u>28E</u> NMPM <u>Eddy</u> Co.

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON LINE ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: <u>Shut in temporarily</u> ☐		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.
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fluid level build-up

RECEIVED

NOV 02 1995

OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE <u>Frank Boyce</u>	TITLE <u>Owner</u>	DATE <u>10-30-95</u>	
TYPE OR PRINT NAME <u>Frank Boyce</u>		TELEPHONE NO. <u>457-2646</u>	

(This space for State Use)			
APPROVED BY _____	TITLE _____	DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			

