

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Santa Fe		
Albuquerque		
Transporter	Oil	
Operator	Gas	
WELL API NO.		

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

Sub	
BLM	
Land Office	
B of M	
Operator	

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
VB-0158

7. Lease Name or Unit Agreement Name
CHAPARRAL STATE

8. Well No. 2

9. Pool name or Wildcat
Und. Winchester B.S.

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 03 '89

2. Name of Operator
Strata Production Company

3. Address of Operator
648 Petroleum Building, Roswell, New Mexico 88201

4. Well Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line

Section 32 Township 19-S Range 29-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
KB 3325', GL 3309'

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: Temporary Abandonment ☒

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.

- 1) See attached Exhibit "A".
- 2) Well temporarily abandoned pending geologic and mechanical evaluation.
- 3) Operations to recommence within 12 months from present.

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

SIGNATURE James E. Mc Clellan TITLE Vice President Administration DATE 6-28-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____

DATE JUL 5 1989

CONDITIONS OF APPROVAL, IF ANY: