

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

RECEIVED

OCT 20 1993

WELL API NO. <u>30-015-05659</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-9646
7. Lease Name or Unit Agreement Name Monterey State
8. Well No. 1
9. Pool name or Wildcat Shugart (Y,SR,Q,G)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3583' GL

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Southland Royalty Company	3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810	4. Well Location Unit Letter _____ : <u>2130</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>18S</u> Range <u>31E</u> NMPM <u>Eddy</u> County _____
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: CHART ☒

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.

PLEASE FIND ATTACHED CHART

This Approval of Abandonment 10/98 See

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

SIGNATURE Donna Williams TITLE Production Asst. DATE 10/19/93

TYPE OR PRINT NAME DONNA WILLIAMS

TELEPHONE NO. 915-688-6943

(This space for State Use)

APPROVED BY [Signature] TITLE State Rep. DATE 10/26/93

CONDITIONS OF APPROVAL, IF ANY: