

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Santa Fe	
Alm	
Land Office	
B of M	
Operator	

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.

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.

1

9. Pool name or Wildcat  
Und. Winchester 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 ☐

JUL 03 '89

2. Name of Operator  
Strata Production Company

O. C. D.  
ARTESIA, OFFICE

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

4. Well Location  
Unit Letter E : 1880 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.)

3280' 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: 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) Well has been temporarily abandoned pending a sidetrack job in the open hole section between 3351' and 6104'.
- 2) Operations to commence within 11 months from present.

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

SIGNATURE James G. McCallister 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: