

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-23390
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. E- 5073
Lease Name or Unit Agreement Name Ruth State
Well No. 1 - B
Pool name or Wildcat GrBG Jackson SR Q GRBG SA

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Web Oil Company /	
Address of Operator P. O. Box 1124, Artesia, NM 88211-1124	
Well Location Unit Letter <u>B</u> : <u>2278</u> Feet From The <u>East</u> Line and <u>330</u> Feet From The <u>North</u> Line <u>24</u> Section <u>19S</u> Township <u>28E</u> Range <u>NMPM</u> <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3357	

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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 ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

- 05/07/01 Set CIBP @ 1750 ft. Dump Bailed 35 ft. cmt on top.
05/08/01 Circ. hole w/ mud laden fluid from 1700 ft.
- 05/08/01 Spot 25 sx. class "C" neat cmt. @ 900 ft. WOC 4 hrs. Tagged plug @ 684 ft.
- 05/08/01 Circ. 40 sx class "C" neat cmt @ 485 ft. to surf.
Install Dry hole marker.



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

SIGNATURE Roger Brooks TITLE AGent DATE 05-14-01

TYPE OR PRINT NAME Roger Brooks TELEPHONE NO. 915-580-7161

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: