

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

WELL API NO. 30-015-23805
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-6257
7. Lease Name or Unit Agreement Name WILLIAMS STATE COM
8. Well No. 1
9. Pool name or Wildcat ANGELL RANCH (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3531.9 GR
2. Name of Operator SOUTHLAND ROYALTY COMPANY ✓	
3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810	
4. Well Location Unit Letter K : 1780' Feet From The SOUTH Line and 1980' Feet From The WEST Line Section 2 Township 19S Range 27E NMPM EDDY County	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 REVIEW REVISED WELLBORE DIAGRAM SHOWING NEW PLUGS AS PER OUR CONVERSATION ON FRIDAY, AUGUST 27, 1993

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

SIGNATURE Donna Williams TITLE PRODUCTION ASSISTANT DATE 8/30/93

TYPE OR PRINT NAME DONNA WILLIAMS TELEPHONE NO. 915-688-6943

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep DATE 9/28/93

CONDITIONS OF APPROVAL, IF ANY: