

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

5a. Indicate Type of Lease

State ☒Fee ☐

5. State Oil & Gas Lease No.

E-1051

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED	7. Unit Agreement Name
2. Name of Operator Flynn and Denton Company	APR 21 1983	8. Farm or Lease Name Warren State
3. Address of Operator P. O. Box 1345, Artesia, New Mexico 88210	O. C. D.	9. Well No. #2y
4. Location of Well UNIT LETTER E 1650 FEET FROM THE North LINE AND 340 FEET FROM THE West LINE, SECTION 17 TOWNSHIP 19 S. RANGE 28 E. NMPM.	ARTESIA, OFFICE	10. Field and Pool, or Wildcat Millman Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3526' G.L.		12. County Eddy

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

17. 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.

Deepen well with 5" hole to test lower Grayburg with a maximum T.D. to be 2050'. Work to begin immediately with cable tool rig.

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

SIGNED George A. DentonTITLE PartnerDATE 4-21-83Original Signed By
Leslie A. ClementsTITLE Supervisor District IIDATE APR 22 1983

CONDITIONS OF APPROVAL, IF ANY: