

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED FEB 18 1998

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

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|---|
| WELL API NO. 30-015-24091 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. V-391 |
| 7. Lease Name or Unit Agreement Name Exxon State |
| 8. Well No. 1 |
| 9. Pool name or Wildcat Cemetary (Morrow) |

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.)

1998 FEB RECEIVED
OCD-ARTESIA

| |
|--|
| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER |
| 2. Name of Operator Santa Fe Exploration Company |
| 3. Address of Operator 201 W. 3rd, Rosewell, NM 88201 |
| 4. Well Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>20 South</u> Range <u>25 East</u> NMPM <u>Eddy</u> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3,422 GR</u> |

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input checked="" 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.

2-05-98 1) Cut 2 3/8" tbg. @ 9238 Got Approval from OCD to set CIBP @ 9238
 2-05-98 2) Set 4 1/2" CIBP @ 9238
 2-05-98 3) Circ. hole w/10# brine w/25# salt get per bbl spot 25 sx on top CIBP
 2-06-98 4) Cut 4 1/2" csg @ 8292
 2-09-98 5) Spot 23 sx plug @ 8340 2-10-98 TAG TOC @ 8131
 1-10-98 6) Circ. hole w/10# brine w/25# salt get per bbl
 1-10-98 7) Spot 35sx plug 6690-6590
 2-20-98 8) Spot 35 sx 3700-3600
 2-10-98 9) Spot 45sx plug 1400 WOC TAG TOC @ 1285
 2-11-98 10) Spot 35 sx plug 400-300
 2-11-98 11) Spot 10 sx plug 30-surf
 2-11-98 12) Cut off WH & install dry hole marker

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

SIGNATURE Billy Carruth TITLE Supervisor DATE 2/13/98
 TYPE OR PRINT NAME BILLY CARRUTH TELEPHONE NO. 915/523-5786

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: