

Submit 3 Copies  
to Appropriate  
District Office

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OCT 2002 CONSERVATION DIVISION

RECEIVED  
OCD - ARTESIA  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

WELL API NO.  
30-015-25878

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V 4460

7. Lease Name or Unit Agreement Name

B.B. State

8. Well No.  
2

9. Pool name or Wildcat  
Hackberry Delaware

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 ☐

2. Name of Operator  
El Ran, Inc. ✓

3. Address of Operator  
P.O. Box 911 Lubbock TX 79408

4. Well Location  
Unit Letter N : 660 Feet From The South Line and 1780 Feet From The West Line

Section 16 Township 19-S Range 31E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3480'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

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.

Proposed plugging operation

Let CIBP 4500' with 35 sacks of cement

Load hole with mud

Cut 5 1/2 at free point pull out of hole with CSG

Spot 100' plug across 5 1/2" STUB, TAG PLUG 50' in/out

Spot 100' plug across 8 5/8 shot 2047 to 1947

50' plug at surface

60

2058 1958 - TAG

167' plug - 433' - 600' - TAG

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

SIGNATURE Robert R. Ranck TITLE President

DATE 10/02/02

TYPE OR PRINT NAME Robert R. Ranck

TELEPHONE NO. (806) 763-4091

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 22 2002