

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

APR 18 '89

WELL API NO. 30-015-26095
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B9739-15
7. Lease Name or Unit Agreement Name P.J. "B" State
8. Well No. #1
9. Pool name or Wildcat Artesia Pool , Q-G-SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3360 GR

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 checked="" type="checkbox"/> GAS Well <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Fred Pool Drilling, Inc. ✓
3. Address of Operator P.O. Box 1393, Roswell, NM 88202	4. Well Location Unit Letter C : 2310 Feet From The West Line and 330 Feet From The North Line Section 11 Township 19S Range 29E NMPM Eddy County

11 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 ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
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.

On April 14, 1989. Ran 84 joints 3146' of 4½", 10.5#, J55 casing. Set and Cemented at 3140' with 475 sx Halliburton Lite and tailended with 275 sx of Class C. Plug down at 6:00 pm on April 14, 1989. Circulated 60 sx to the pit. WOC 18 hours.

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

SIGNATURE Deborah Coluska TITLE Secretary DATE 4/17/89
TYPE OR PRINT NAME Deborah Coluska TELEPHONE NO. 623-8202

(This space for State Use)

Original Signed By
Mike Williams

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 18 1989