

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

NM B-8096

7. Lease Name or Unit Agreement Name

Continental State

8. Well No.

12

9. Pool name or Wildcat

Turkey Track 7R, Qn, GB, SA

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

Anadarko Petroleum Corporation

3. Address of Operator

PO Drawer 130, Artesia, NM 88211-0130

4. Well Location

Unit Letter N : 330 Feet From The South Line and 1980 Feet From The West Line

Section 10

Township 19S

Range 29E

NMPM

Eddy

County

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

3362' GR

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.

1. MIRUPU. TOH w/production string.
2. RU Wireline Co. and perforate 7 Rivers Zone.
3. RU Stimulation Co. Acidize and frac 7 Rivers Zone.
4. Wash out sand from well bore.
5. POP. RD PU.

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

SIGNATURE

Howard D. Thebert

TITLE Field Foreman

DATE 03-08-94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

SUPERVISOR, DISTRICT I

APPROVED BY

TITLE

DATE

MAR 21 1994

CONDITIONS OF APPROVAL, IF ANY: