

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.
30-015-27370

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L-1493

7. Lease Name or Unit Agreement Name

Parkway "B" State

8. Well No.

2

9. Pool name or Wildcat

Turkey Track, 7Rvs, QN, Grbg, 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

111 8 1991

2. Name of Operator

Southland Royalty Company

3. Address of Operator

P.O. Box 51810, Midland, TX 79710-1810

4. Well Location

Unit Letter A : 330 Feet From The North Line and 660 Feet From The East Line

Section 15

Township 19S

Range 29E

NMPM Eddy

County

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

3343' 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.

5-1-93 Spud 12 1/4" hole. Drd to 378': 8 5/8" 28# K-55 BTC set @ 378'. Used 4 centralizers: Cmtd w/100 sxs Cl "H" w/5 pps gilsonite, 2% CaCl2, .5 pps celloseal, Tail w/ 250 sxs Class "C" & 2% CaCl2. Did not circ. cmt, 38' from surf. WOC 2.5 hrs. Cmt. down backside w/ 200 sxs waste cmt. WOC 17.25 hrs. Drd out.

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

SIGNATURE Donna Williams TITLE Production Assistant

DATE 5-17-93

TYPE OR PRINT NAME Donna Williams

TELEPHONE NO. 915-688-6943

(This space for State Use)

SUPERVISOR, DISTRICT II

JUL 15 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: