

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, GRB, San Andr

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
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 DP, 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: Prod. csg. ☒

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.

Hole 7 7/8" - Ran 4 1/2" 11.6# K-55 LTC csg set @ 2450'. Cmted w/lead: 420 sxs C Lite + 5 pps salt + .25 pps celloseal. Tail: 330 sxs "C" + 1% CaCl2 + .25 pps celloseal. Circ. 75 sxs to reserve. Used 8 centralizers. Bmped plug to 1000 psi for 30 min. Okay. WOC 5 days.

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: