

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-27464
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM24160
7. Lease Name or Unit Agreement Name Parkway Delaware Unit
8. Well No. 506
9. Pool name or Wildcat Parkway Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3311 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 St Mary Land & Exploration Company
3. Address of Operator P. O. Box 2726, Midland, TX 79702	4. Well Location Unit Letter J : 2635 Feet From The South Line and 2640 Feet From The East Line Section 35 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: H-5 Test ☒

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.

We ran a H-5 test on 6/8/99 in the presence of E.L. Gonzales. Mr. Gonzales took the chart with him back to the OCD office. This chart was ran due to being on the MI schedule.

Fed Well



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

SIGNATURE Renee Lawrence TITLE Regulatory Specialist DATE 6/24/99
TYPE OR PRINT NAME Renee Lawrence TELEPHONE NO. 915/288-076

(This space for State Use)

APPROVED BY Renee Lawrence TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: