

District Office
DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised March 25, 1999

CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

WELL API NO.

30-015-01092

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E 2597

7. Lease Name or Unit Agreement Name:

Exxon State

8. Well No.

2J

9. Pool name or Wildcat

Magruder Yates

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DIG BACK TO 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

Del TAYLOR

3. Address of Operator

1403 W EDWARDS ST. CARLSBAD N.M. 88220

4. Well Location

Unit letter J : 1650' feet from the South line and 2310' feet from the East line

Section 15

Township 21S

Range 27E

NMPM

Eddy

County

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

3282

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 ☐

MULTIPLE COMPLETION ☐

OTHER: Temporary Abandon ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well #2 has 5 1/2" casing to 190' from the surface

Oct 6, 2000 the well was Baled until a static level of fluids was determined to be 216' from the surface, 26' below the bottom of the casing; this determination requested by Mr Tim Gum.

Temporary Abandonment status is requested for the well, as discussed with Mr. Tim Gum.

This approval of Temporary Abandonment is for

NOV 2005

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

SIGNATURE Del Taylor

TITLE operator

DATE 11/4/00

Type or print name Del TAYLOR

Telephone No. 887-2570

(This space for State use)

APPROVED BY Tim Gum

TITLE Field Rep 1

DATE 11-21-00

Conditions of approval, if any: