

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.  
30-015-21758

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
K-6527

**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  
Premier Oil & Gas, Incorporated

3. Address of Operator  
P.O. Box 1246, Artesia, NM 88210

4. Well Location  
Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East Line

Section 25 Township 20S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3359 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.

Rigged up well service unit, pulled packer & tubing, ran cast iron bridge plug & set at 9780'. Dumped 2 sx. of cement on top of plug; tested plug to 2500 psi; tested OK. Perforated from 9716-9742 w/10 shots. Acidized w/2500 gals NE-FE regular 15% acid & ball sealers. Swabbed well for 1 hour; well kicked off & flowed. Overnight S.I. 2300# psig on tubing. Testing at 200 mcfd (5/17/93).

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

SIGNATURE Paul M. Williams TITLE consulting engineer DATE 5/18/93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT I

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE MAY 28 1993

CONDITIONS OF APPROVAL, IF ANY: