

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

DEC - 7 1992

O. C. D.

WELL API NO.
30-015-26125

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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
Presidio Exploration, Inc.

3. Address of Operator
5613 DTC Parkway, Suite 750 Englewood, CO 80155

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 2 Township 20S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3322.8' 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.

1. Pull pump, rods, and tubing.
2. Squeeze-off Bone Springs perforations.
3. Drill-out squeeze, 5-1/2" float equipment, and four open-hole cement plugs.
4. Circulate and condition hole down to TD @ 10850'.
5. Run and cement 3-1/2" liner from 6100' to TD @ 10850'.
6. Perforate and acidize Upper and Lower Strawn intervals.
7. Put well on production.

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

SIGNATURE Phyllis Sobotik TITLE Operations Technician

TYPE OR PRINT NAME Phyllis Sobotik

Dec 4, 1992

DATE Sept 17, 1992

TELEPHONE NO. 303-850-1104

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II

TITLE

DATE

DEC 12 1992

CONDITIONS OF APPROVAL, IF ANY: