

C. CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

MAY 21 1992

C.L.D.

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. VB-0183-1
7. Unit Agreement Name
8. Farm or Lease Name Tecalote State
9. Well No. 1
10. Field and Pool, or Wildcat
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator Energex Company
3. Address of Operator 100 North Pennsylvania, Roswell, NM 88201 505-622-6713
4. Location of Well UNIT LETTER K 2673' FEET FROM THE North LINE AND 1650 FEET FROM and 4820' from the South Line THE West LINE, SECTION 2 TOWNSHIP 21S RANGE 28E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.) 3324' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUS AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUS AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

17. 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.

5/14/93

Drilled 12-1/4" hole to 3162' & ran 74 jts (3166.24') 24# & 32# K-55 csg. Set shoe @ 3162' & float @ 3140'. Cemented w/1170 sxs H/L + 5# gilsonite + 1/4# Flocele per sack followed by 200 sxs Class "C" w/2% CaCl2. PD @ 10:30 a.m. 5/13/93. Circulated 110 sxs to pit. Witnessed by Mike Stubblefield of NMOC. WOC 18 hrs.

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

SIGNED 	TITLE Jackie Midkiff/Landman	DATE 5/19/93
APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II	TITLE	DATE MAY 28 1993

CONDITIONS OF APPROVAL, IF ANY: