

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Geology, 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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-015-29353

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
K6599

7. Lease Name or Unit Agreement Name
State of New Mexico 20

8. Well No. **1**

9. Pool name or Wildcat
Burton Flat/Morrow Gas

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
KCS Medallion Resources, Inc.

3. Address of Operator
7130 S. Lewis, Ste. 700, Tulsa, OK 74136

4. Well Location
Unit Letter **A** : **990** Feet From The **North** Line and **990** Feet From The **East** Line
Section **20** Township **20S** Range **28E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3242' RKB 3257'

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.

Attempting to Sqz. wtr. flow from Morrow "B" formation Perfs 11,118-11,128'. Set CIBP @ 11,308'. Shoot Sqz. Perfs 11,238-11,240'. Set cmt. ret. @ 11,150'. Sqz w/ 50 SKS class H cmt. Return Morrow Perfs 11,118-11,128' to Production.

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

SIGNATURE

Kent Plaster

TITLE **Drlg. Consultant**

DATE **2/6/98**

TYPE OR PRINT NAME

Kent Plaster

TELEPHONE NO. **918-488-8283**

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE **2-11-98**

CONDITIONS OF APPROVAL, IF ANY: