

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

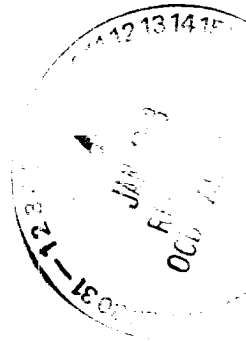
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|---|
| WELL API NO. |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name MALAGA 10-2 |
| 8. Well No. 2 |
| 9. Pool name or Wildcat DELEWARE |

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| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | |
| 2. Name of Operator CALVIN & ALMA TENNISON | |
| 3. Address of Operator 2401 MARTIN LANE, CARLSBAD, N.M. 88220 | |
| 4. Well Location Unit Letter 0 : 330 Feet From The SOUTH Line and 1650 Feet From The EAST Line Section 12 Township 24S Range 28E NMPM EDDY County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2946 GL | |

| | |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <input type="checkbox"/> |

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.

TD IS 2754' 5½ CASING SET AT 2746'
10½ casing set at 275'
SET CIBP AT 2710' AND CAP WITH 35# CEMENT
LOAD HOLE WITH 9# 1 GAL MUD
CUT 5½ CASING OFF AT 275' IF POSSIBLE
SPOT 100 PLUG AT 5½ CASING STUB (CASING SHOE
SPOT 100 PLUG AT 240-34- 9 TOP OF SALT)
SPOT 50' PLUG AT SURFACE



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

SIGNATURE Calvin Tennison TITLE Owner DATE _____
TYPE OR PRINT NAME CALVIN & ALMA TENNISON TELEPHONE NO. 885-6404

(This space for State Use) REGIONAL SIGNED BY TIM W. GUM
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____