

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
OCD - ARTESIA Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-02491

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

Calvin & Alma Tennison

8. Well No.

2

3. Address of Operator

2401 Martin Lane; Carlsbad, NM 88220

9. Pool name or Wildcat

Delaware

4. Well Location

Unit Letter P : 376 Feet From The South Line and 405 Feet From The East Line

Section 12

Township T-24S

Range R-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:

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.

Post ID-2
1-22-99
P+R

6-16-98 - Notified Stubblefield w/ OCD. MIRU. Set 5-1/2" CIBP @ 2710', tagged w/ tbg. Circulated hole and pumped 25 sx C cmt 2710-2469'. Perforated @ 344'. RIH w/ 5-1/2" AD-1 packer, loaded hole and set packer @ 94'. Established rate and squeezed 200 sx C cmt 344'-surface. Released packer and POOH. Topped off 5-1/2" csg. RD.

6-19-98 - Cut off wellhead and capped well. Backfilled pit, cleaned location and installed dry hole marker.

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

1-11-99

TYPE OR PRINT NAME

Calvin & Alma Tennison

TELEPHONE NO. 505-885-6404

(This space for State Use)

APPROVED BY

[Signature]

TITLE

2/1/99 Todd Rgo

DATE

2/1/99

CONDITIONS OF APPROVAL, IF ANY: