

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

WELL API NO.

30-015-10902

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

DINERO OPERATING COMPANY

3. Address of Operator

P.O. BOX 10505, MIDLAND, TEXAS 79702-0505

4. Well Location

Unit Letter L : 862.7 Feet From The WEST

Line and 2 2,116.4

Feet From The SOUTH

Line

Section 24

Township 24-S

Range 28-E

NMPM EDDY

County

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

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. 04-11-96 SET C.I.B.P. W/3 SKS CEMENT ON TOP

2. 04-15-96 CUT & PULL 4 1/2" FROM 2,000' SPOT 35 SKS CEMENT @ 2050' W.O.C.
RIH W/TUBING TAG CEMENT @ 1,915'
PUMP 100 SKS CEMENT @ 410' DIDN'T CIRC TO SURFACE W.O.C.

3. 04-16-96 TAG CEMENT @ 353' RUN TUBING TO 353' CIRC 160 SKS CEMENT
FROM 353 TO SURFACE.

INSTALL DRYHOLE MARKER

CIRC 10# MUD.

Post ID-2
5-31-96
Y4A

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

SIGNATURE Charlie Williams

TITLE Production Superintendent

DATE 5/13/96

TYPE OR PRINT NAME Charlie Williams

TELEPHONE NO. 915/684-5544

(This space for State Use)

APPROVED BY [Signature]

TITLE Field Inspector

DATE 7/7/96

CONDITIONS OF APPROVAL, IF ANY: