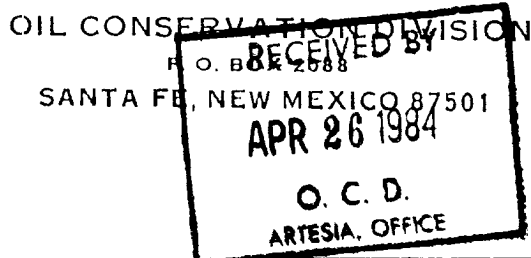


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-4325

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Hamon Oil Company	8. Farm or Lease Name State L-4325
3. Address of Operator 611 Petroleum Building, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER K, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 24S RANGE 26E NMPM.	10. Field and Pool, or Wildcat Carlsbad Morrow, South
15. Elevation (Show whether DF, RT, GR, etc.) 3284.8' Gr	12. County Eddy

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 ☐

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.

- With a through tubing dump bailor, dump sand from 11,857' back to 11,847' to cover present Morrow perforations from 11,850' to 11,854'
- Dump cement from 11,854' back to 11,819'.
- WOC
- Pressure test plug to 5000#.
- Perforate Morrow zone from 11,486' to 11,496' and swab test.
- Acidize with 2,500 gallons of Morrow Flow BC acid.
- Swab and test and sand frac if necessary.
- Work to begin approximately May 1, 1984.

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

SIGNED Leslie A. Clements TITLE Production Engineer DATE 4-25-84
Original Signed By
Leslie A. Clements
Supervisor District II
APPROVED BY _____ TITLE _____ DATE APR 27 1984
CONDITIONS OF APPROVAL, IF ANY: