

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. <u>30-C15-21453</u>
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>Terra State</u>
8. Well No. <u>2</u>
9. Pool name or Wildcat <u>Yarrow Delaware</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3274 A.L.</u>

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 <u>Smith & Marrs Trac.</u>
3. Address of Operator <u>P.O. Box 863 Kerm. +, TX. 79745</u>	4. Well Location Unit Letter <u>C</u> : <u>760</u> Feet From The <u>South</u> Line and <u>2280</u> Feet From The <u>EAST</u> Line Section <u>14</u> Township <u>23 S</u> Range <u>26 E</u> NMPM <u>Eddy</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3274 A.L.</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

6-2-99 Set CIBP @ 1900' - 45x5 - 1850'
Pulled 1400' of 4 1/2" casing

6-3-99 Spot 405x5 @ 1650 - 1320' + AG

6-3-99 Spot 405x5 @ 632' - 596' + AG

6-3-99 Spot 355x5 @ 596' - 510' + AG

6-3-99 Spot 105x5 @ 30' - surface

Install Dry Hole Marker

Cir 10" H. Prod

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

SIGNATURE [Signature] TITLE President DATE 7-7-99
TYPE OR PRINT NAME Rickey Smith TELEPHONE NO. 915-586-3076

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep I DATE 7-10-00
CONDITIONS OF APPROVAL, IF ANY: