

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 22219

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Carlsbad "7" Com

8. Well No.

1

9. Pool name or Wildcat

Carlsbad Strawn Gas

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 ☐ GAS ☒ OTHER

2. Name of Operator
Naumann Oil & Gas Inc.

3. Address of Operator
P O Box 10159 Midland, Tx. 89702

4. Well Location
Unit Letter M : 760 Feet From The South Line and 690 Feet From The West Line
Section 7 Township 22-S Range 27 E NMPM County Eddy

10. Elevation (Show whether DF, RKB, RT, GR, ac.)
3119 GR

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.

7/23/94 Spud Re-Entry of well, Drilled out Cement plugs to casing stub @ 7625'
7/29/94 Run 5 1/2" 17# & 20# Casing and tie to casing stub @ 7625', Cement casing in place w/ 915 sx 35:65:6 Poz "H" Cmt. & 150 sx CL "H" Cmt.
8/2/94 TIH w/ 2 3/8" Tbg. drlg cmt & float equipment @ 7552' to 7660'
Clean out wellbore to 10,670'. Test 5 1/2" casing to 1,000# for 1/2 hr.
8/4/94 RDMO
9/10/94 TOH w/ tbg. Run Gamma Ray, CNL, CBL Logs, TOC on CBL 2020'
9/11/94 TIH w/ TCP Guns, 5 1/2" packer, Set Packer @ 10,282', Drop bar perforate Strawn @ 10,332-38 & 10,422-26 Shut Well in.
9/12/94 RDMO
10/16/94 to 10/17/94 Flow test well for 24hrs. & Shut in.

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

SIGNATURE David Moore TITLE Agent

DATE 11/9/94

TYPE OR PRINT NAME David Moore

TELEPHONE NO. 915-683-5051

(This space for State Use)

SUPERVISOR, DISTRICT II

NOV 11 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: