

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

NOV 2 '90

WELL API NO. _____

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 ☐ Dual Completion
Downhole Commingled

2. Name of Operator
Lanexco, Inc.

3. Address of Operator
P.O. Box 1206 Jal, NM 88252

4. Well Location
Unit Letter E : 2080 Feet From The N Line and 760 Feet From The W Line

Section 11 Township 23S Range 31E 27 NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3092.4

7. Lease Name or Unit Agreement Name

Cerro Com

8. Well No. 1

9. Pool name or Wildcat
Cass Draw Wolfcamp Bonespring

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: Downhole Commingle ☒

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.

Move in, rig up unit.
Pull rods and tubing from Bone Spring zone at 7397'.
Pull Lok set packer from Wolfcamp zone at 9685'.
Run tubing to pump both zones. Set tubing at 9815'.
Run rods and pump. Well downhole commingled 10-22-90.

Administrative Order. DHC-774

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

SIGNATURE Mike Copeland TITLE Production Supt. DATE 10-31-90
TYPE OR PRINT NAME Mike Copeland TELEPHONE NO. 395-3056

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ DATE NOV 6 1990

CONDITIONS OF APPROVAL, IF ANY: