Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 5 1992
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

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.)

7. Lease Name or Unit Agreement Name: Malaga Com

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No. 1

2. Name of Operator: Parker & Parsley Development Company

9. Pool name or Wildcat: East Loving (Delaware)

3. Address of Operator: P.O. Box 3178, Midland, Texas 79702

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 3 Township 24S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3016 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: PLUG BACK ☒	

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.

7/31/92 Rel & lower pkr. Tag sd @ 6620'. POH w/ tbg. 8 jts plg'd w/ paraffin. Hot oil tbg w/ 50 bbls. C.O. sd fr 6108-6270'. SDFN.

8/1/92 C.O. sd fr 6130-6270'. SDFN.

8/2/92 RIH w/ anchor, 4' perf'd sub, SN & tbg. Anchor @ 6130', SN @ 6092', TAC @ 5776'. Remove BOP, Install wellhead. TIH w/ 2½x1½x20' pmp. Space out & hang well on.

8/3/92 Pumping well.

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

SIGNATURE Stephanie J. Holmes TITLE Proration Analyst DATE 8/5/92

TYPE OR PRINT NAME Stephanie J. Holmes TELEPHONE NO. 915-686-4814

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE AUG 1 0 1992

CONDITIONS OF APPROVAL, IF ANY: