

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

30-015-22928

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

2. Name of Operator

FORCENERGY GAS EXPLORATION INC.

3. Address of Operator

2700 SW 3RD AVE. SUITE 800, MIAMI, FLORIDA 33129-2237

7. Lease Name or Unit Agreement Name

OSCAR STATE

8. Well No.

1

9. Pool name or Wildcat

WOLFCAMP/ATOKA

4. Well Location

Unit Letter W : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 36

Township 24S

Range 29E

NMPM

EDDY

County

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

KB 3123.0 FT, GRD 3102.0 FT

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.

- 1b. 100' Plug 10326-10226'. Tag. Load hole w/mud.
> 1c 25 SX CMT 7182'-7082' BONE SPRING LOAD HOLE W/MUD TO CSG CUT OFF POINT.
2. 50 SX CMT 5370'-5270' CHERRY CANYON PERFS - WOC TAG.
3. CUT & PULL 5100'± - 7-5/8" CSG.
4. 50 SX CMT 5150'- 5050' 7-5/8" STUB WOC TAG LOAD HOLE W/MUD.
5. 50 SX CMT 3342'- 3242' 10-3/4" SHOE - WOC TAG.
6. 50 SX CMT 568'- 468' 13-3/8" SHOE - WOC TAG.
7. 25 SX CMT SURFACE PLUG.
8. REMOVE WELLHEAD, INSTALL DRYHOLE MARKER.

MAY 20 1996

Notify OCD to witness Plugs.

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

SIGNATURE Larry Murray TITLE AGENT DATE 5-13-96

TYPE OR PRINT NAME LARRY MURRAY TELEPHONE NO. (915) 683-9722

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

JUN 20 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1a. C&BP w/35' cmt @ 12700.