

DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505

DISTRICT III
1000 N. Brazos Rd., Aztec, NM 87410

WELL NO. 30-015-28031

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 F/W Inj. Well

2. Name of Operator
I & W, Inc.

3. Address of Operator
P.O. Box 1685 Carlsbad, NM. 88220

4. Well Location
Unit Letter M : 1288 Feet From The S Line and 497 Feet From The W Line

Section 17 Township 22 Range 27 NMPM Eddy County

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

1. 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 ☐
WILL ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

2. 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.

Proposal: 1. Flush casing with 10 bbls. fresh water.
2. Cement with 10 sacks of 2% CACL neat 14.8#

Cement 3. Displace cement with 3.0 bbls. of fresh water
(top of cement approximately @500' to 525')
4. WOC for 24 hours.

Run Chart 5. Pressure up 2 7/8" casing to 500 PSI. 30 min. Test on chart.
* Perforate 2 7/8" csg @ 335'. Circulate cement to surface inside & outside 2 7/8" casing.
6. Rig up water well, Rig run 1" pipe tag cement top & cement back to surface, Rig unit down, fill cellar with cement, install dryhole marker.

7. Proceed to drill monitor well according to NMOCD.

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

SIGNATURE George Parchman TITLE Manager DATE Dec. 9, 1999
TYPE OR PRINT NAME George Parchman TELEPHONE NO 885-6663

(For State Use)

APPROVED BY Steve S. Stollfeld TITLE Field Rep II DATE 12/15/99

CONDITIONS OF APPROVAL, IF ANY:

1. Notify NMOCD. To witness Plugging Operations.

