

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO.
30-015-23037

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-4205

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
OGS Operating Co., Inc.

3. Address of Operator
550 W. Texas, Suite 1140, Midland, TX 79701

4. Well Location
Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East Line

Section 2 Township 22-S Range 28-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3176.8 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.

OGS Operating Co., Inc. plugged and abandoned the above described well on 12-6-93 as follows:

1. Circulate hole with 9.5 ppg mud.
2. Set CIBP @ 3500'.
3. Spot 15sx cement from 3500' to 3300'.
4. Spot 25sx cement from 1350' to 1000'.
5. Spot 25sx cement from 425' to 75'.
6. Spot 10sx cement from 31' to surface.
7. Cut off wellheads and weld on dry hole marker.

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

SIGNATURE [Signature] TITLE V.P. DATE 7/22/98
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY [Signature] TITLE 2nd Rep DATE 9/24/98

CONDITIONS OF APPROVAL, IF ANY:

Post ID-2
8-6-98
P & N