

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-015-23729
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
LG 0023

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
Samson Resources Company
3. Address of Operator
Two West Second Street, Tulsa, OK 74103

7. Lease Name or Unit Agreement Name:
Loving I State
8. Well No.
001
9. Pool name or Wildcat
Black River; Morrow (Gas)

4. Well Location
Unit Letter B : 990 feet from the North line and 1980 feet from the East line
Section 1 Township 24S Range 27E NMPM County Eddy
10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR 3114'

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 ☐ MULTIPLE COMPLETION ☐
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Workover : 10/24/01 – 12/18/01
Repaired tubing and casing leaks; cleaned mud from wellbore;
moved packer from 10,320' to 12,115'.

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

SIGNATURE Kevin Olson TITLE District Engineer DATE 3/19/02

Type or print name Kevin Olson Telephone No. (918) 591-1821
(This space for State use)

APPROVED BY Record Only B TITLE _____ DATE _____
Conditions of approval, if any:

APR 02 2002