Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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: Rohmer

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Commercial Disposal

2. Name of Operator: Scurlock Permian Corporation

8. Well No.: 1

3. Address of Operator: P. O. Box 4648, Houston, Texas 77210-4648

9. Pool name or Wildcat: Delaware

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 23 Township 22 S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3093 RKB-3110.1

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	X	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: Replace tubing string	☐			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.

Pressure on 2 7/8" x 5 1/2" annulus, well shut in upon detection. Will release packer pull 2 7/8" 6.5# plastic coated tubing and replace with a new string of 2 7/8" 6.5# plastic lined tubing. The 2 7/8" x 5 1/2" Loc-Set packer will be serviced prior to running it in the well.

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

SIGNATURE Steward E. Rogers TITLE Operations Coordinator DATE 5 Dec '95

TYPE OR PRINT NAME Steward E. Rogers TELEPHONE NO. 210/620-1087

(This space for State Use)

APPROVED BY TITLE DATE JAN 23 1996

CONDITIONS OF APPROVAL, IF ANY: