

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

NOV 7 - 89

WELL API NO.

30-015-26168

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

OGS Operating Co., Inc. ✓

3. Address of Operator

550 W. Texas, Suite 1140, Midland, Texas 79701

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 5 Township 24-S Range 25-E NMPM Eddy County

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

3846.4

7. Lease Name or Unit Agreement Name

Mosley Canyon "5"
State Com

8. Well No.

1

9. Pool name or Wildcat

Und Strawn

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.

Change proposed depth from 9800' to 9900'.

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

SIGNATURE Mickey Dutton TITLE Vice President-Drlg & Prod DATE 11-01-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT

APPROVED BY _____ TITLE _____ DATE NOV 14 1989

CONDITIONS OF APPROVAL, IF ANY: