

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

RECEIVED

OCT - 5 '90

WELL API NO. 30-015-26456
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-0358
7. Lease Name or Unit Agreement Name PEOC State 2
8. Well No. 1
9. Pool name or Wildcat Black River (Morrow)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3148.3' GR

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D. (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Pacific Enterprises Oil Co. (USA) ✓	
3. Address of Operator P. O. Box 3083, Midland, TX 79702	4245 Kemp, Ste. 600 Wichita Falls, TX 76308
4. Well Location Unit Letter B : 660 Feet From The north Line and 1980 Feet From The east Line Section 2 Township 24S Range 27E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3148.3' 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.

Please refer to attached sheet

Post ID-2
2-14-92
PFA

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

SIGNATURE Jeff Ryan 11/1/90 TITLE Operations Engineer DATE 11-1-90

TYPE OR PRINT NAME Jeff Ryan TELEPHONE 915-684-3861

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: