

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.
30-015-26460

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Pardue Farms

8. Well No.

2

9. Pool name or Wildcat

Living East Delaware

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

Oxy Energy Company

3. Address of Operator

P.O. Box 2880 Dallas TX 75221

4. Well Location

Unit Letter : 1950 Feet From The North Line and 660 Feet From The East

Section 10

Township 23S

Range 28E

NMPM

County

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

2997 GL

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.

1. mIRU w/o unit, ND w/H, NO BOP

2. POH w/ Rods & Tbg

3. RU w.L. - RIH w/ 5 1/2" CIBP set at 6020'. Dump bc. 14
sacks cement on CIBP. #35*

4. RIH w/ tbg to tag cement. Circulate hole w/ treated
water. Test to 500* & record on chart ~~and~~ recorder.
NOTIFY OCD PRIOR TO WORK.

5. ND BOP, NO well head. RDRR.

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

SIGNATURE

Doug Castree

TITLE

Operations Tech.

DATE

2-2-98

TYPE OR PRINT NAME

Doug Castree

TELEPHONE NO.

915

523-7030

(This space for State Use)

APPROVED BY TIM W. CUM
DISTRICT II SUPERVISOR

FEB 11 1998

APPROVED BY

TITLE

DATE