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.
30-015-26899

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
HAGERMAN 14

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

RECEIVED
JUL 31 1995
OIL CON. DIV.
DIST. 2

8. Well No. 1

2. Name of Operator
SYLVITE CORPORATION

9. Pool name or Wildcat
CASS DRAW

3. Address of Operator
6966 S. Utica Tulsa, Ok 74136

4. Well Location
Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 14 Township 23 S Range 27 E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3112 GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	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: ☐		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.

7-12-95 SET CIBP @ 5375' SPOT 10 sxs ON TOP
7-13-95 SPOT 25 SXS @ 2850'-2750'
7-14-95 SPOT 35 SXS @ 1350'-1295' and tag PULLED 1313' of 5 1/2" casing
7-14-95 SPOT 35 SXS @ 525'-400' and tag
7-15-95 SPOT 10 sxs @ 30' to surface

Post TD-2
8-18-95
P+A

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

SIGNATURE D.G. Campbell TITLE President DATE 7-28-95

TYPE OR PRINT NAME D.G. CAMPBELL TELEPHONE NO. 918 494-6031

(This space for State Use)

APPROVED BY Mike Stubblefield TITLE Field Rep. II DATE 10-12-95

CONDITIONS OF APPROVAL, IF ANY: