

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

DP

Form C-103
Revised March 25, 1999

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|---|--|---|
| 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.) | | WELL API NO. 30-015-23728 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> SWD | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator CLAY L. WILSON | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator P.O. BOX 481 CARLSBAD NM 88220 | | 7. Lease Name or Unit Agreement Name: DORSTATE SWD |
| 4. Well Location Unit Letter <u>H</u> : 1980 feet from the <u>NORTH</u> line and 660 feet from the <u>EAST</u> line Section <u>27</u> Township <u>25S</u> Range <u>28E</u> NMPM County <u>EDDY</u> | | 8. Well No. 1 |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 2968FT GR | | 9. Pool name or Wildcat SWD BS |

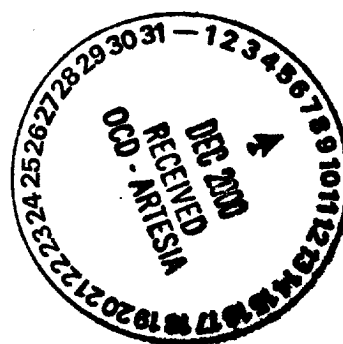
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|--|---|---|
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER: <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1) HOLE IN TUBING, EVALUATING OUR OPTIONS

* Return well to water Disposal
or proceed with TA / P/A Operations.
within 30 day time frame.



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

SIGNATURE Clay L Wilson TITLE OWNER DATE 12-06-2000
Type or print name Clay L wilson
(This space for State use) Telephone No. 505 885-3995

APPROVED BY Mike Stollfeld TITLE Field Rep II DATE 12/11/2000
Conditions of approval, if any:

