

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30015 24784

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

19990

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

Wayne Moore

3. Address of Operator

403 N. Marienfeld, Midland, Texas 79701

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 990 Feet From The West Line

Section

11

Township

26S

Range

28E

NMPM

Eddy

County

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

2972' 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.

A. Set CIBA @ 4500'.

B. 35 sx cement on top CIBP.

C. 25 sx cement 2609' to 2509'.

D. 35 sx cement @ 5-1/2 casing stub (2200') and tag plug.

E. 60 sx cement at 8-5/8 casing stub (800') and tag plug.

F. 60 sx cement 451' to 351'. -Tag

G. 10 sx cement at surface.

H. Install dry hole marker.

Will commence plugging 7-15-97.

Notify N.M.O.C.C. in sufficient time to witness

Tags

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

SIGNATURE

TITLE

Operations Manager

DATE

7-1-97

TYPE OR PRINT NAME

Tom E. Moore

TELEPHONE NO. (915) 682869

(This space for State Use)

APPROVED BY

B6A

TITLE

DATE

7-8-97