Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

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.)

7. Lease Name or Unit Agreement Name: Delaware River Unit

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

2. Name of Operator: Wayne Moore

8. Well No. 2

3. Address of Operator: 403 N. Marienfeld, Midland, Texas 79701

9. Pool name or Wildcat: Redbluff Delaware

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:				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.

A. Set CIBP @ 4400'.
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

Plugging Mud between Plugs

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)68286

(This space for State Use)

APPROVED BY Tim W. Gum BGA TITLE District Supervisor DATE 7-8-97

CONDITIONS OF APPROVAL, IF ANY: