

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
3001528002

5. Indicate Type of Lease ☒ STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
VA - 0808

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

Hoss State

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

2. Name of Operator
RONADERO COMPANY, INC.

8. Well No.
#1

3. Address of Operator
P.O. Box 430 Roswell, NM 88202-0430

9. Pool name or Wildcat
San Lorenzo B.S.

4. Well Location
Unit Letter I : 1980 Feet From The FSL Line and 660 Feet From The FEL Line

Section 2 Township 25N Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
2958 KB 2946 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.

Well has been plugged and abandoned per previous notices.

Location has been cleaned and is ready for final inspection.
Upon final inspection, we respectfully request release of
Bond No. B04692 (Grid No. 124398)

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

SIGNATURE Robert W. Hanagan

TITLE Pres DATE 6/17/98

TYPE OR PRINT NAME

505/623-3343 TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE Asst Rep I DATE 6-29-98

CONDITIONS OF APPROVAL, IF ANY: