

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. 30-039-22048
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.		RECEIVED APR - 2 1998	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. Lease Name or Unit Agreement Name DAVIS	
2. Name of Operator W.M. GALLAWAY		8. Well No. 3	
3. Address of Operator 3005 NORTHRIDGE, SUITE I, FARMINGTON, NM 87401		9. Pool name or Wildcat BLANCO MESAVERDE	
4. Well Location Unit Letter <u>D</u> : <u>1165</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line Section <u>10</u> Township <u>26N</u> Range <u>2W</u> NMPM RIO ARRIBA County			
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 7203 GR			

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
 TEMPORARILY ABANDON ☐
 PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
 CHANGE PLANS ☐

OTHER: ADDITIONAL FILING ON OMITTED PERFORATIONS ☒

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.

TO CORRECT WELL FILINGS ON WORKOVER OF 8-7-79

#1 SET RETRIEVABLE BRIDGE PLUG AT 5650'

#2 PERFORATED WELL FROM 5449' TO 5503' WITH 12 SHOTS IN THE CLIFF HOUSE OF THE MESAVERDE

#3 FRACED WITH 25 M. LBS OF 20-40 SAND

#4 RETRIEVED BRIDGE PLUG AND SHUT WELL IN WAITING ON GAS CONNECTION

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

SIGNATURE W.M. Gallaway TITLE OPERATOR DATE 4-1-98
 TYPE OR PRINT NAME W.M. Gallaway TELEPHONE NO. 325-6771

(This space for State Use)

APPROVED BY Johnny Robinson DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE APR - 2 1998

CONDITIONS OF APPROVAL, IF ANY: