

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

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.
30-045-26160

5. Indicate Type of Lease
STATE ☐ FEE ☒

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.)

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

2. Name of Operator
Joel B. Burr, Jr.

3. Address of Operator
P.O. Box 50, Farmington, NM 87499

4. Well Location
Unit Letter A : 1070 Feet From The North Line and 945 Feet From The East Line
Section 14 Township 30N Range 13W NMPM San Juan County

7. Lease Name or Unit Agreement Name

Foothills

8. Well No.

1

9. Pool name or Wildcat

Wildcat FRT

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

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.

- MIRV - NDWH - NUBOP - TOH w/f tubing
- RV to squeeze hole full cement, bottom perf open 1750 - to surface w/f 57 Cu Ft + 50% excess = 85 CU ft cement shut well in overnight
- Tag plug - fill as necessary w/f cement
- Cut well heads off and erect dry hole mk

RECEIVED

NOV 16 1992

OIL CONSERVATION DIVISION

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

SIGNATURE [Signature] TITLE AGENT DATE 11/13/92

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

COPIES OF THIS REPORT TO BE SUBMITTED TO:

NOV 16 1992

APPROVED BY TITLE