| Subtract 3 Copies To Appropriate District State of New Me | ovico | |
|---|--|--|
| District Energy, Minerals and Natu | ral Resources Revised March 25, 1999 | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | WELL API NO. | |
| 811 South First, Artesia, NM 88210 OIL CONSERVATION District III 2040 South Book | 5 Indiasta Tura aff | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Paci | CTATE C STEE | |
| 2040 South Pacheco, Santa Fe, NM 87505 | 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 PLI DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.) | UG BACK TO A | |
| Type of Well: Oil Well | UTE MOUNTAIN "B" | |
| 2. Name of Operator J.C. WELL SERVICE INC. | 8. Well No. #S | |
| 3. Address of Operator | #4-#10-#20-#21 9. Pool name or Wildcat | |
| P.O. BOX 51 FARMINGTON, NM 87499 4. Well Location | VERDE GALLUP | |
| | | |
| Unit Letter:feet from the | line andfeet from theline | |
| Section Township Ra | ange NMPM County | |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) | | |
| 11. Check Appropriate Box to Indicate N | ature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ | SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING | |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPNS. PLUG AND | |
| PULL OR ALTER CASING | CASING TEST AND CEMENT JOB | |
| OTHER: PUT INTO PRODUCTION | 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. | | |
| THIS GROUP OF WELL'S ON UTE "B" LEASE WILL | BE PLUGGED OR PUT INTO PRODUCTION | |
| IN THE NEXT 6 MONTHS | | |
| | | |
| | | |
| | | |
| | | |
| I hereby certify that the information above is true and complete to the | hert of my knowledge and half of | |
| SIGNATURE MILL COMPLETE TO THE | OPERATOR | |
| Type or print name OHN CUNNINGHAM | DATE 8/13/01 327-9931 | |
| (This space for State use) | relepnone No. | |
| MANAGE CHARLES | AUG 13 2001 | |

| Submit 3 Copies To Appropriate District Office State of New Mexic | 0 |
|---|--|
| Distact Energy, Minerals and Natural | Resources Revised March 25, 1999 |
| 1625 N, French Dr., Hobbs, NM 88240 District II | WELL API NO. |
| 811 South First, Artesia, NM 88210 , OIL CONSERVATION DI | 5 Indiana 72 C1 |
| District IV 2040 South Pacheco Santa Fe, NM 87410 Santa Fe, NM 8750: | |
| 2040 South Pacheco. Santa Fe, NM 87505 | 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 B DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUPROPOSALS.) | 7. Lease Name or Unit Agreement Name: |
| 1. Type of Well: Oil Well Gas Well Other | UTE MOUNTAIN "B" |
| 2. Name of Operator J.C. WELL SERVICE INC. | 8. Well No. #S #4-#10-#20-#21 |
| 3. Address of Operator P.O. BOX 51 FARMINGTON, NM 87499 | 9. Pool name or Wildcat VERDE GALLUP |
| 4. Well Location | |
| Unit Letter :feet from the line andfeet from the line | |
| Section 31 | |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: MEDIAL WORK ALTERING CASING TO STREET DATA SUBSEQUENT REPORT OF: |
| TEMPORARILY ABANDON | MMENCE DRILLING OPNS. PLUG AND |
| | SING TEST AND ABANDONMENT MENT JOB |
| OTHER: PUT INTO PRODUCTION DE OT | HER: |
| 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. | |
| THIS GROUP OF WELL'S ON UTE "B" LEASE WILL BE PLUGGED OR PUT INTO PRODUCTION | |
| IN THE NEXT 6 MONTHS | |
| #1 45-10 | 380 4 16 4 5 97 |
| # 2 45-10346 # 11 45-10145 | |
| #4 4c 3-94 #16 0 45-2962 1- produins | |
| | 12 |
| .77 | HAD UC ACOUNTA |
| #7 45-1805 | 15 420 45-25240 TA |
| #8 45-1805 48 45-1805 | # 20 45-25240 TA # 21 45-25239 TA |
| #8 45-1015. | |
| I hereby certify that the information above is true and complete to the best of | of my knowledge and belief. RATOR |
| I hereby certify that the information above is true and complete to the best of SIGNATURE Type or print name OHN CUNNINGHAM | pf my knowledge and belief. RATOR DATE 8/13/01 |
| I hereby certify that the information above is true and complete to the best of SIGNATURE Type or print name OHN CUNNINGHAM (This space for State use) | pf my knowledge and belief. RATOR DATE 8/13/01 Telephone No. 327-9931 |
| I hereby certify that the information above is true and complete to the best of SIGNATURE Type or print name OHN CUNNINGHAM (This space for State use) | pf my knowledge and belief. RATOR DATE 8/13/01 |