

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.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Maddox Waller

8. Well No.

101

9. Pool name or Wildcat

Basin Fruitland Coal

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

Southland Royalty Company

3. Address of Operator

PO Box 4289, Farmington, NM 87499

4. Well Location

Unit Letter N: 790 Feet From The South Line and 1330 Feet From The West Line

Section 14 Township 32N Range 11W NMPM San Juan County

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

6310' 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.

05-22-89 TD 3055'. Ran 9 jts. 5 1/2", 15.5#, K-55 casing liner, 390'  
set @ 3055'. Float shoe set @ 3055'. Top of liner hanger @  
2665'. Did not cement.

RECEIVED

MAY 25 1989

OIL CONSERVATION DIVISION  
DIST. 3

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

SIGNATURE

*Frank T. Chavez*

TITLE

Regulatory Affairs

DATE

5-24-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT III

APPROVED BY

TITLE

DATE

MAY 25 1989

CONDITIONS OF APPROVAL, IF ANY: