

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<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>Culpepper Martin MAY 16 1989<br>OIL CON. DIV. DIST. 3       |
| 8. Well No.<br>109                                                                                  |
| 9. Pool name or Wildcat<br>Basin Fruitland Coal                                                     |

|                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                                                      |  |
| 2. Name of Operator<br>Southland Royalty Company                                                                                                                                                       |  |
| 3. Address of Operator<br>PO Box 4289, Farmington, NM 87499                                                                                                                                            |  |
| 4. Well Location<br>Unit Letter _____ : 1460 Feet From The South Line and 1350 Feet From The West Line<br>Section 32 Township 32N Range 12W NMPM San Juan County                                       |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>5900' GL                                                                                                                                         |  |

|                                                                               |                                                             |
|-------------------------------------------------------------------------------|-------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                             |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                                       |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                      |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                    |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>               |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>         |
|                                                                               | OTHER: <input type="checkbox"/>                             |

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.

05-10-89 Spudded well at 12:00 pm 05-10-89. Drilled to 245'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 245'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (165 cu.ft.) circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

05-12-89 TD 1971'. Ran 46 jts. 7", 20.0#, K-55 intermediate casing, 1959' set @ 1971'. Cemented with 320 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (544 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (151 cu.ft.) circulated to surface. WOC 12 hours. Held 1200#/30 min.

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

SIGNATURE Reggie Beadfield TITLE Regulatory Affairs DATE 5-15-89  
TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT III DATE MAY 15 1989  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_