Vintage Drilling LLC P.O. Box 158 Loco Hills, NM 88255

Oil Conservation Division ATTN: David K. Brooks 1220 S. St. Francis Drive Santa Fe, NM 87505

February 25, 2002

Mr. Brooks,

Enclosed please find a copy of Form C-103 reporting the plugging and abandonment of the Boling State #2, operated by Jenkins Bros. Drilling Co. We trust that this completes the requirements of getting this well in compliance.

Thank you,

Marie Durham Secretary OIL CONSTANTION DIV.
02 FEB 27 PM 1:02

| Submit 3 Copies To Appropri | iate District | .* | | New Me | | - | | Form C- | | |
|---|---------------------------------|---------------|-------------|------------|---------------------|------------------------------|---------------------------------------|-----------------------|------|--|
| Office District I | | Energy, | , Minerals | and Natu | ral Resources | WELL AD | | evised March 25, | 1999 | |
| 1625 N. French Dr., Hobbs, NM 88240 | | | | | | WELL API NO. 30-015-21787 | | | | |
| District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION | | | | | | 5. Indicate Type of Lease | | | | |
| District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | | STATE × FED □ | | | | |
| District IV Santa Fe, INM 8/303 | | | | | | 6. State Oil & Gas Lease No. | | | | |
| 2040 South Pacheco, Santa Fe, NM 87505 | | | | | | B 2179 | | |] | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | | | 7. Lease N | 7. Lease Name or Unit Agreement Name: | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | | | | Boli | Boling State | | | |
| PROPOSALS.) | | | | | | 501 | iig Diaio | | | |
| 1. Type of Well Oil Well Gas Well Other | | | | | | | | | | |
| 2. Name of Operator | | | | | | | o. 2 · | | | |
| Jenkins Bros. Drilling Co. | | | | | | | . – | _ | | |
| 3. Address of Operator | | | | | | | 9. Pool name or Wildcat | | | |
| 609 N. Chestnut Carlsbad, NM 88220 | | | | | | | Red Lake Seven Rivers | | | |
| 4. Well Location | | | | | | | | | | |
| Unit Latter | ī : | 1650 fact | from the | South | line and9 | 100 fee | t from the | Fact | line | |
| Unit Letter | ! | 1630 _1eet | nom me _ | Souui | Inte and9 | 90100 | r nom me | Last | THIC | |
| Section | 9 | Т | ownship | 17S | Range 28E | NMP | M Eddy | County | | |
| | | | | | R, RKB, RT, GR, etc | c.) | | | | |
| | | | iR | | | | <u> </u> | | | |
| | | | | dicate Na | ature of Notice, | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | SEQUEN | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | | | | K. | L AL | TERING CASIN | iG L | |
| TEMPORARILY ABANDON | | | | | | ILLING OPN | | .UG AND BANDONMENT | x | |
| PULL OR ALTER CAS | NG 🗆 | MULTIPLE | | | CASING TEST A | ND | | DANDONVILIAT | | |
| | | COMPLETI | ON | | CEMENT JOB | | | | | |
| OTHER: | | | | | OTHER: | | | | | |
| 12. Describe proposed | | | | | | | | | | |
| | posed work). | SEE RULE | 1103. For | Multiple (| Completions: Attac | h wellbore d | agram of p | roposed complet | tion | |
| or recompilation. | | | | | | | | | | |
| 2/12/02 R/U | T & D Wall S | Service mult | out of hole | w/rode nu | mp, and tubing. | | | | | |
| | bottom @ 691 | | out of Hole | w/10u3, pu | mp, and tabing. | | | | | |
| Dump sand to cover perfs. Sand bridged off at 120'. | | | | | | | | | | |
| • | - | • | _ | | | | | | | |
| | ılate sand out | | | | | | | | | |
| | p sand in hole ement plug or | | | | | | | | | |
| , Set C | entent plug of | n top or same | . | | | | | | | |
| 2/14/02 Tag | cement @ 632 | 3'. | | | | | | | | |
| Bail hole dry. | | | | | | | | | • | |
| Fill w/cement to surface. | | | | | | | | | | |
| Set d | ry hole mark | er. | | | | | | | | |
| • | | | | | | | | | | |
| | | | | | | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | | | |
| M | , | 7 | Ta comp | 10 110 | | -0 | | | | |
| SIGNATURE/ | 1asu | Lech | Mar | TITLE_ | Secretary | | DATE | 2/15/02 | | |
| T | 1 | | | | <u> </u> | | m.c | | | |
| Type or print name | Marie Durha | ım | | | Teler | ohone No. | 746-1669 | | | |
| (This space for State u | se) | | | | | | | | | |
| APPPROVED BY TITLE | | | | | | | r | ATE | | |
| Conditions of approval, if any: | | | | | | | | | | |