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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒

5. 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. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Strat Test	7. Unit Agreement Name
2. Name of Operator SAMEDAN OIL CORPORATION	8. Farm or Lease Name Scott Estate
3. Address of Operator 900 Wall Towers East - Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> 1980 FEET FROM THE <u>north</u> LINE AND 1980 FEET FROM THE <u>east</u> LINE, SECTION <u>15</u> TOWNSHIP <u>11-N</u> RANGE <u>25-E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4545 G.L.	12. County Guadalupe

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☒ Amending reports of 1-10-80 & before

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

This is amending all previous reports regarding cementing of 5 1/2" casing @ 500'. The 5 1/2" 14# ST&C casing was cemented w/140 sx Class "H" cmt w/40% Silica Flour and 25 sx cmt circ to surface. (Previous reports reflected cementing csg w/40 sx and circ 25 sx to surface - this is incorrect.)

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

SIGNED <u>C. Alan Bump</u> C. Alan Bump	TITLE <u>Division Clerk</u>	DATE <u>3-11-80</u>
APPROVED BY <u>Carl Veloz</u>	TITLE <u>Commissioner</u>	DATE <u>3/19/80</u>
CONDITIONS OF APPROVAL, IF ANY:		