

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Puerco Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

UCT 27 2008

WELL API NO. 30015 01919	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. 30827	
Lease Name or Unit Agreement Name Akin well, 10m	
7. Well Number 5	
9. OGRID Number 009759	
10. Pool name or Wildcat Q-G-S-N	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Fit or Below-grade Tank Application ☐ or Closure ☐	
Pit type: _____ Depth to Groundwater: _____ Distance from nearest fresh water well: _____ Distance from nearest surface water: _____	
Pit Liner Thickness: _____ Below-Grade Tank Volume: _____ Mils: _____ Construction Material: _____	

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
H. DWANE PARRISH JR

3. Address of Operator
1306 S. 9th Artesia NM 88210

4. Well Location
Unit Letter O : 250 feet from the South line and 1570 feet from the East line
Section 17 Township 18S Range 28E NMPM County Edm

12. 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 ☐ MULTIPLE COMPL. ☐		SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS. ☐ P AND A ☐ CASING/CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

13. 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 recompletion.

well has 150 ss cement plug from 2537-1910
casing then collapsed at 1600 ft
spot 100 ft plug at 1600' tag
per 695 spot 100' cement plug - TAC
per 354 cement to surface

Notify OCD 24 hrs. prior
To any work done.

Approval Granted providing work
is complete by 1/30/09

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE owner DATE 10-26-08

Type or print name _____ E-mail address: _____ Telephone No. _____

For State Use Only

APPROVED BY: [Signature] TITLE Field Rep DATE 10/30/08

Conditions of Approval (if any):