

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

Energy, Minerals and Natural Resources

October 13, 2009

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

WELL API NO 30015-23319
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil & Gas Lease No
7 Lease Name or Unit Agreement Name CS Gulf State
8 Well Number #2
9 OGRID Number 3322
10 Pool name or Wildcat Grayburg Jackson, SR-Q-G-SA

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2 Name of Operator CEM Oil Company dba Lewis Fulton	
3 Address of Operator P.O. Box 1174 Artesia, NM 88211	
4 Well Location Unit Letter D 660 feet from the N line and 660 feet from the W line Section 32 Township 16S Range 29E NMPM County	
11 Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 ☐
DOWNHOLE COMMINGLE ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ P AND A ☐
CASING/CEMENT JOB ☐

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 19 15 7.14 NMAC For Multiple Completions Attach wellbore diagram of proposed completion or recompletion

Pulled and replaced down hole pump
returned to production. 9/09/2010

RECEIVED

SEP 23 2010

NMOCD ARTESIA

Spud Date

Rig Release Date

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

SIGNATURE

L. Patterson

TITLE

Production Clerk

DATE

9-21-10

Type or print name

E-mail address

PHONE

For State Use Only

APPROVED BY

Kevin R. Dade

TITLE

Dist II Supervisor

DATE

09/23/2010

Conditions of Approval (if any)