

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

30-005-00347

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VA-795

7. Lease Name or Unit Agreement Name

OHIO STATE

8. Well No.

1

9. Pool name or Wildcat

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

TOCO L.L.C.

3. Address of Operator

c/o OIL REPORTS & GAS SERVICES, INC., P. O. BOX 755, HOBBS, NM 88241

4. Well Location

Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 36 Township 11S Range 28E NMPM CHAVES County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3695 DR

11.

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: DRLG RPT. ☐

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.

01/31/98

Rig up. Cleaned out to 750' in 9 5/8" csg.

02/01/98

Rigged down.

02/19/98

Rig up swab unit. Install full opening valve on wellhead. Make 8 swab runs. Recover 1/2 bbl oil on 1st swab run. Remainder of run was muddy water. Swab back total of 46 bbls muddy water with 1/2 bbl oil. Initial fluid level @ 200', final fluid level @ 747' from surface. Rig down & release swab unit. Haul fluid to disposal. SWI.

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

SIGNATURE

Gaye Heard

TITLE

Manager

DATE 02/26/98

TYPE OR PRINT NAME

GAYE HEARD

TELEPHONE NO. (505) 393-21727

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

3-20-98

CONDITIONS OF APPROVAL, IF ANY: