

CISF
Up

OIL CONSERVATION DIVISION

DISTRICT I

P. O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

811 S. First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

2040 S. Pacheco
Santa Fe, New Mexico 87505

WELL API NO.

30-005-00365

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST WHITE RANCH

8. Well No.

1

9. Pool name or wildcard

WHITE RANCH MISSISSIPPIAN, (GAS)

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

C. W. TRAINER

3. Address of Operator

c/o OIL REPORTS & GAS SERVICES, INC., 1008 W. BROADWAY, HOBBS, NM 88240

4. Well Location

Unit Letter **A** : **660** Feet From The **NORTH** Line and **660** Feet From The **EAST** Line

Section **1** Township **12S** Range **28E** NMPM **CHAVES** County

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

3691' GR

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 & ABANDONMENT ☐

CASING TEST & CEMENT JOB ☐

OTHER: ☐

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.

IT IS INTENDED TO PLUG THIS WELL AS FOLLOWS:

SET CIBP @ 7653' W/35' CMT ON TOP, CIRC BRINE GEL TO SURF.

* Freeport 5 1/2" casing. Cut & Pull 5 1/2" casing 6750', 100' cement Plug 50' in + 50' out 5 1/2" casing. TAG

SPOT 25 SX CMT PLUG 6750'-6650'.

SPOT 25 SX CMT PLUG 5420'-5320'.

SPOT 25 SX CMT PLUG 3399'.

SPOT 30 SX CMT PLUG 2017' & TAG.

SPOT 10 SX PLUG TO SURF.



* Notified N.M.OCD to witness Plugging Operations.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Gaye Heard

TITLE

AGENT

DATE

09/12/2000

TYPE OR PRINT NAME

GAYE HEARD

TELEPHONE NO. (505) 393-2727

(THIS SPACE FOR STATE USE)

APPROVED BY

Mike S. Wellfield

TITLE

Field Rep. II

DATE 9/18/2000

CONDITIONS APPROVAL, IF ANY: