

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-10544

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. E 8879

7. Lease Name or Unit Agreement Name

McAlester State

8. Well No. #3

9. Pool name or Wildcat
Coyote Queen

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
Mountain States Petroleum Corporation

3. Address of Operator
P.O. Box 1936, Roswell, NM 88202-1936

4. Well Location
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Loc

Section 10 Township 11-S Range R27E NMPM NM Chaves County

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

3675

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: ☐

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.

This well was plugged 8-4-97 as approved by OCC on 7-30-97

Cement was pumped by Phil Straley (K&M Oil) and was witnessed by Mr. Livingston of the Artesia, NM OCC.

Location has been leveled and dry hole marker set.

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

SIGNATURE Paul Straley TITLE Agent DATE 12-28-00

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep DATE 1/09/01

CONDITIONS OF APPROVAL, IF ANY: