

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

(701) I-206

7. Lease Name or Unit Agreement Name

Huber State "A"

8. Well No.

1

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

PO Box 1936 Roswell, NM 88202

4. Well Location

Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line

Section 9

Township 11S

Range 27E

NMNM

Chaves

County

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

3676 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 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.

Because of the shallow depth of this well, copy of C105 enclosed,
we propose to;

Run TBG TO TD X.

Pull rods, pump and tubing as necessary, fill casing from TD to
surface with cement and run the sand line sinker bar several
times while cementing to eliminate any air pockets.

Set dry hole marker and clean location of any equipment, pipe,
tanks and junk.

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

SIGNATURE

TITLE

DATE 04/04/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY TIM W. GULI
DISTRICT II SUPERVISOR

APR 21 1997

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: