

Submit 3 Copies
To Appropriate
District Office

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
811 South First, Artesia NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

c151
Form C-103
Revised March 25, 1999

WELL API NO. 30-013-20003
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM L939
7. Lease Name or Unit Agreement Name: Mobil 32
8. Well No. 1
9. Pool name or Wildcat 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
Jack F. Grimm, N.B. Hunt, George R. Brown & AM Arctic Ltd.

3. Address of Operator
P.O. Box 35 Abilene, TX 79604

4. Well Location
Unit letter D : 1315 feet from the North line and 1315 feet from the West line
Section 32 Township 25S Range 1E NMPM Dona Ana County

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

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 COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/23/98

Mayo Marrs Casing Pulling, Inc. Cut surface casing plate from surface and found cement at surface.

Well is plugged.

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

SIGNATURE Mike Stubbfield TITLE Field Rep II DATE 2/6/2000

Type or print name Mike Stubbfield Telephone No. 748-1783
(This space for State use)

APPROVED BY Mike Stubbfield TITLE Field Rep II DATE 2/6/2000
Conditions of approval, if any: