

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

**RECEIVED**  
OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088  
SEP 09 1996

OIL CON. DIV.

WELL API NO.

30-005-60684

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS DIST. 2

(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

Vintage Petroleum, Inc.

3. Address of Operator

4200 One Williams Center, Tulsa, OK 74172

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 3 Township 8-S Range 28-E NMPM Chaves County

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

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: 4 ☐

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.

- 1) Spot 25 sx cmt plug @ 2450' W.O.C. Tag cement top @ 2157'
- 2) Load holw W/mud
- 3) Spot 25 sx cmt plug @ 1542'
- 4) Perforate 4 1/2" csg @ 288' squeeze perforations W/70 sx cement to surface leaving 4 1/2" csg full Set PA marker
- 5) Job completed 8-5-96

Post ID-2  
10-4-96  
PVA

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

SIGNATURE Elvira K. Lech TITLE District Secretary DATE 8/15/96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Phar 2 wing TITLE FO DATE 10-29-96

CONDITIONS OF APPROVAL, IF ANY: