Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CISF

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.
30-005-61116

Indicate Type of Lease
STATE ☐ FEE ☒

State Oil & Gas Lease No.

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.)

Lease Name or Unit Agreement Name
Twin Lakes San Andres Unit

Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

Name of Operator
Hanagan Petroleum Corporation

Well No.
104

Address of Operator
P.O. Box 1737 Roswell, N.M. 88202

Pool name or Wildcat
Twin Lakes San Andres (Assoc.)

Well Location
Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line

Section 8 Township 9 Range 29E NMPM Chaves County

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

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ANBANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

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.

Notify NMOCD - Artesia 24 hrs. prior to commencement of procedure

1. Set CIBP @ 2550 cap w/ 35' cmt. (Top perf.@ 2568)
2. RIH circlate well w/ 9.5 # mud
3. cut & pull 4 1/2 @ 200'
4. RIH spot 100' plug 50' in 50' out cut wor tag Minimum 25 sx cement Plug
5. spot 160' cmt from ~~160 to surface~~ 175' To surface
6. cut off well head set dry hole marker & clean location.

RECEIVED OCD ARTESIA

* Notifie N.M.O.C.D. To witness Plugging Operations.

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

SIGNATURE Wayne Brooks TITLE Agent DATE 07-06-99

TYPE OR PRINT NAME Wayne Brooks TELEPHONE NO. 915-6848890

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE 8-12-99

CONDITIONS OF APPROVAL, IF ANY: