CISF
BP

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.
30-005-61242

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name
LUSK

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
LANG & McEwen

8. Well No.
1

3. Address of Operator
411 W. Dengar Midland, TX. 79707

9. Pool name or Wildcat
Elkins - San Andres

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 22 Township 7-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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☒
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

Post Plug

3-19-01 - Spot 25 sks @ 2250'-2102'-TAG
3-20-01 - Spot 30 sks @ 1770'-1634'-TAG - Pulled 1709' of 4½" Casing
3-20-01 - Spot 35 sks @ 480'- NO TAG
3-21-01 - Spot 30 sks @ 480'-432'-TAG
3-21-01 - Spot 25 sks @ 432-318'-TAG
3-21-01 - Spot 10 sks @ 30-0

Install Dry Hole Marker
Cir. 10# MUD

RECEIVED
OCD - ARTESIA

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

SIGNATURE Melvin McEwen TITLE Partner DATE 04-23-01

TYPE OR PRINT NAME Melvin McEwen TELEPHONE NO. 915/694-2055

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep II DATE AUG 8 2002

CONDITIONS OF APPROVAL, IF ANY: