

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CLSF
up

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.
30-005-61655

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

JUN 6 '90

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
Energy Development Corporation

3. Address of Operator
2000 Louisiana Suite 2900 Houston, Texas 77002

4. Well Location
Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line
Section 12 Township 95 Range 28E NMPM Chaves County

7. Lease Name or Unit Agreement Name
T.L.S.A.U.

8. Well No.
115

9. Pool name or Wildcat

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: ☐

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.

5-21-90: Under verbal approval from Mike Williams Dist. II NMOLD.
Perforated (5) additional holes in San Andres P1, 1-JSPF
at 2675', 2676', 2677', 2722', & 2723'.
Returned well to production.

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

SIGNATURE Steve Yates TITLE Production Superintendent DATE 6-4-90
TYPE OR PRINT NAME Steve Yates TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUN 15 1990

CONDITIONS OF APPROVAL, IF ANY: