

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

+ 15F
Op

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

FEB 21 '89

WELL API NO.
30-005-62666

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

Gessert Com.

8. Well No.

1

9. Pool name or Wildcat

Pecos Slope Abo

1. Type of Well:

OIL WELL ☐ GAS WELL ☒

OTHER

2. Name of Operator

Stevens Operating Corporation

3. Address of Operator

P.O. Box 2408, Roswell, New Mexico 88201

4. Well Location

Unit Letter H : 1650 Feet From The North Line and 660 Feet From The East Line

Section 32 Township 6S Range 26E NMPM Chaves County

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

3597 GR

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.

February 10, 1989 Drilled 61', 22" hole, set 16" conductor pipe @ 60'. CMT w/125 sxs class "C" cement + 2% CaCl₂, CMT circ. to surface.
February 11, 1989 Well spud 11:00 a.m., February 11, 1989 w/12 1/4" bit.
February 14, 1989 Ran 20 JTS 8 5/8", 24# CSG, set @870', CMT w/275 sxs H/L 1/4# Floseal, 2% CaCl₂, + 200 sxs class "C" cement + 2% CaCl₂, CMT plug down @ 9:30 a.m. 2-14-89, 30 sxs circ. to surface. WOC 18 hrs. Pressure up 1000 pounds for 30 minutes logging no pressure decrease.

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

SIGNATURE Patricia Thompson Greenwade TITLE General Manager

DATE 02/20/89

TYPE OR PRINT NAME Patricia Thompson Greenwade

TELEPHONE NO. 622-7273

(This space for State Use)

Original Signed By
Mike Williams

FEB 21 1989

APPROVED BY _____ TITLE _____

DATE

CONDITIONS OF APPROVAL, IF ANY: