

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

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APR 9 1991

O. C. D.

WELL API NO.

30-005-62722

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Samedan Oil Corporation ✓

3. Address of Operator

10 Desta Drive, Suite 240 East, Midland, TX 79705

7. Lease Name or Unit Agreement Name

State 25 Com

8. Well No.

1
Samedan Spring Pre-Permian
Wildcat-Montoya

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 25 Township 10-S Range 26-E NMPM Chaves County

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

3697.4 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.

3-25-91 Begin producing down sells line.

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

SIGNATURE Judy Throneberry TITLE Division Production Clerk DATE 4-5-91

TYPE OR PRINT NAME Judy Throneberry TELEPHONE NO. 915-684-8491

(This space for State Use)

APPROVED BY Ronald Chubb TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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OFFICE

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