

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

NOV 27 '89

5a. Indicate Type of Lease
State ☐ Fee ☒

5. 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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Horizon Oil & Gas Co.

3. Address of Operator
P.O. Box 7, Spearman, Texas 79081

4. Location of Well
UNIT LETTER I 1650 FEET FROM THE South LINE AND 660 FEET FROM
THE East LINE, SECTION 23 TOWNSHIP 5S RANGE 27E NMPM.

15. Elevation (Show whether DF, RT, CR, etc.)
7550'

7. Unit Agreement Name

8. Farm or Lease Name
Denton

9. Well No.
#1

10. Field and Pool, or Wildcat
Wildcat *Montoya*

12. County
Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

17. 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.

- Spudded well at 7:00 A.M., 11-03-89.
- Ran 8 5/8", 24# Surface Casing. Set at 1792'. Cemented with 700 sx. class "C" containing 4% gel + 2% CaCl followed by 200 sx. class "C" containing 2% CaCl. Cement circulated to surface. Plug down at 10:40 P.M., 11-06-89.
- Waited 24 hours on cement. Pressure tested 8 5/8" Casing and Blow-Out Preventor to 1000# for 30 minutes - Held OK.

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

SIGNED [Signature]

TITLE Engineer

DATE 11-15-89

ORIGINAL SIGNED BY

APPROVED BY

TITLE

DATE

NOV 28 1989

CONDITIONS OF APPROVAL, IF ANY: