

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.  
30-005-62755

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
LG 7444

**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  
SAND DRAW

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

2. Name of Operator  
SOUTHEASTERN PETROLEUM, INC

8. Well No.  
1

3. Address of Operator  
P.O. BOX 1893, ROSWELL, NEW MEXICO 88202

9. Pool name or Wildcat  
MONTAÑA WILDCAT

4. Well Location  
Unit Letter J : 1980 Feet From The SOUTH Line and 1800 Feet From The EAST Line  
Section 35 Township 3S Range 27E NMPM CHAVES County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GR 4091

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: CHANGE WELL NAME ☒

**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.

SOUTHEASTERN PETROLEUM, INC REQUEST THE NAME BE CHANGED ON THE ABOVE CAPTIONED WELL  
TO STATE COMM #1.

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

SIGNATURE

*Tim W. Gum*

TITLE PRESIDENT

DATE 12/15/94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT SUPERVISOR**

APPROVED BY

TITLE

DATE FEB 1 9 1995

CONDITIONS OF APPROVAL, IF ANY: