

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

NOV - 8 1991

WELL API NO.

30-005

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

LG 7444

7. Lease Name or Unit Agreement Name

MANNES STATE

8. Well No.

1 34

9. Pool name or Wildcat

WILDCAT MONTOYA

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

SOUTHEASTERN PETROLEUM, INCORPORATED

3. Address of Operator

911 N. PEARSON

4. Well Location

Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 34

Township 3

Range 27

NMPM

CHAVES

County

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: SET PRODUCTION CSG ☐

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.

SET 7020' 5 1/2 15.5 #-17# PRODUCTION CSG.
CEMENTED IN 2-STAGES AS FOLLOWS:

1ST STAGE: 190 SXS 50/50 POZ "A" TAILED W/260 SXS 50/50 POZ "H"
PLUG DOWN @ 20:00 P.M. 11/03/91

2ND STAGE: 965 SXS 35/65 POZ "C" TAILED W/430 SXS "C"

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

SIGNATURE

Sonny Longo

TITLE

PRESIDENT

DATE 11/4/91

TYPE OR PRINT NAME

SONNY LONGO

TELEPHONE NO. 625-020

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

NOV 21 1991

CONDITIONS OF APPROVAL, IF ANY: