

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.

30-005-62891

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Hagler 23

8. Well No.

1

9. Pool name or Wildcat

Pecos Slope Abo

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

Marsh Operating Company

3. Address of Operator

P.O. Box 460, Dallas, TX 75221

4. Well Location

Unit Letter K : 1650 Feet From The west Line and 1650 Feet From The south Line

Section 23 Township 7S Range 26E NMPM Chaves County

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

3827' RKB; 3816' GL

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.

5/21/92: Set 40 sks cement 4320-4220' (Top Abo 4269')
Set 40 sks cement 2100-2000' (Top Glorietta 2052')
Set 50 sks cement 980-816'. Tagged plug at 816' with wireline. (8-5/8" csg at 930'). Plugged top of hole with 15 sks cement, circulated to surface.

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

SIGNATURE

TITLE

V.P. Production

DATE

6/18/92

TYPE OR PRINT NAME

Joe H. Clark

TELEPHONE NO. (214) 969-0500

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: