

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.
30-005-63067

5. Indicate Type of Lease
STATE ☐ FEE X ☒

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
Thornton Operating Corporation

3. Address of Operator
P. O. Box 833, Midland, Texas 79702

4. Well Location
Unit Letter 0 : 449 Feet From The South Line and 2183 Feet From The East

7. Lease Name or Unit Agreement Name
Northern Lights

8. Well No.
1

9. Pool name or Wildcat
Und Group 3

Section 7 Township 8S Range 29E NMPM Chaves Co

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4068' GR 4079' RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON W/IE ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☒	
OTHER: ☐		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.

05/11/95 RU Casing crew run 54 jts of new 8-5/8" 24# & 32# J-55 8RD ST&C ERW @ 2365'.
RU Halliburton. Pump 950 Sx Hallite, 3# salt, 1/4# flocculate and 150 Sx
Class "C" w/2% CaCl. Circ out 100 Sx. Plug down 10:15 PM WOOD Nipple down
rotating head and cut off 8-5/8 casing. NU BOP & choke.

05/12/95 Test BOP, choke, manhold, lower safety valve, & upper Kelly choke @ 2000#. Held ok.

OIL CON. DIV.
DIST. 2

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

SIGNATURE Robert L. Thornton TITLE President DATE May 22, 1995

TYPE OR PRINT NAME Robert L. Thornton TELEPHONE NO. (915) 6844275

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE AUG 23 1995