

Submit 3 Copies
To Appropriate
District Office
DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
811 South First, Artesia NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

CIS
Sp

Form C-103
Revised March 25, 1999

WELL API NO. 30-011-20041
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NA
7. Lease Name or Unit Agreement Name: MARK WILLIAM ISLER
8. Well No. #1
9. Pool name or Wildcat WILDCAT
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3804

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

3. Address of Operator

4. Well Location

Unit letter UT M : 660' feet from the S line and 660' feet from the W line
Section 33 Township 3S Range 24E NMPM DEBACA County

Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/7/2000 SPOTTED 60sx CEMENT PLUG AT 3537'. WOC. TAGGED TOP OF CEMENT PLUG AT 3290'.

9/8/2000 PRESSURE TEST 4.5 CASING AT 1000#. OK. PERFORATED 4.5 casing AT 1008'. SQUEEZED 347sx CEMENT. CIRCULATED CEMENT TO SURFACE IN CASING ANNULUS. LEFT CEMENT AT SURFACE INSIDE CASING. PULLED TUBING AND SPOTTED 10 sx CEMENT FROM 30' TO SURFACE. ERECTED DRY HOLEMARKER AND CLEARED LOCATION.

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

SIGNATURE MIKE STUBBLEFIELD TITLE FIELD REP. 2 DATE 10/4/2000

Type or print name

Telephone No.

(This space for State use)

APPROVED BY Mike Stubblefield TITLE Field Rep. II DATE 12/26/2000
Conditions of approval, if any: