

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

Form C-103
Revised March 25, 1999

WELL API NO.

30-015-10227

5. Indicate Type of Lease

Federal ☒ STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

Federal NM 12398

7. Lease Name or Unit Agreement Name:

ASU

8. Well No.

2

9. Pool name or Wildcat

Vandagriff Keys

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

Hersey + Company

3. Address of Operator

P.O. Box 1248 Fredericksburg TX 78624

4. Well Location

Unit letter D : 660 feet from the North line and 660 feet from the West line

Section 11

Township 17S Range 28E NMPM Eddy County

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

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

March 11-2002

Hughes Drilling cleaned well bore,

Waiting to find pumping unit with gas motor, as there is no electricity in this area.

March 21-2002

located pumping unit, will set by March 25, 2002

Accepted for record - NMOCD

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

SIGNATURE

Kenneth R Wade

TITLE

Manager

DATE 03-21-02

Type or print name

Kenneth R Wade

Telephone No. 830 997-7519

(This space for State use)

APPROVED BY

Accepted for record - NMOCD

TITLE

DATE

Conditions of approval, if any: