

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.

30-015-28607

5. Indicate Type of Lease

STATE ☐FEE ☒

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

KCS Medallion Resources, Inc. Formerly Intercoast

3. Address of Operator

7130 South Lewis, Suite 700, Tulsa, OK 74136

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980' Feet From The West LineSection 19 Township 17S Range 26E NMPN Eddy County

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

GL=3427'

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 ☐ILL OR ALTER CASING ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPERATIONS ☐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.

1. Rel. pkr. POOH. RIH with tbg. and load wellbore with gelled brine water.
2. Spot 25 sx. C1 H plug from 7922- to 8222'. POOH. T.P.O. 8052' at BPO 8000'.
3. Freepoint and sever casing. POOH with 4 1/2" casing.
4. RIH with tubing and spot 35 sx C1 H plug across casing cut. Tag same. Tag 7184'
5. Spot following CL H cement plugs: 35 sx.. 5100-5200'
35 sx. 3100-3000'
70 sx. 1445-1245' Tag same
34 sx. 545-445'
15 sx. 3-33'
6. Install dry hole marker. Restore location.

RECEIVED

MAY - 9 1997

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

SIGNATURE Terry L. ReevesTITLE Dir. CH OperationsDATE 5/2/97TYPE OR PRINT NAME Terry L. ReevesTELEPHONE NO. (918) 491-4

This space for State Use)

Jim W. GreenDistrict Supervisor

APPROVED BY

TITLE

DATE

5-14-97

CONDITIONS OF APPROVAL, IF ANY:

Notify N.M.O.C.C. in sufficient time to witness

Tags