

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

RECEIVED

5a. Indicate Type of Lease State ☒ For ☐
5. State Oil & Gas Lease No. L-3645

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A WELL OR TO CURRENTLY PRODUCE A WELL. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

SEP 7 1979

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator SerBan, Inc. ✓	8. Farm or Lease Name Black Shield State
3. Address of Operator 7540 LBJ Freeway, Suite 715, Dallas, Texas 75251	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>18S</u> RANGE <u>27E</u> NMPM.	10. Field and Pool, or Wildcat Artesia Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3551.7 GL	12. County Eddy

16. 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 ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	

17. 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.

August 29, 1979 - SPUDDED 5 PM, ran 11 jts, 444', 8 5/8" 23# casing, cemented at 456' KB, with 250 sx Class C with 2% CACL, PD 3:30 PM 8/30/79, circ. out 50 sx.

September 3, 1979 - Ran 54 jts, 2154', 4 1/2" 10.5# 8 RD., R-3, K-55 casing, cemented at 2150' KB with 325 sxs Class C, 50/50 Poz, 2% gel, 5# salt, 1/4# Flocele, PD 4:30 PM, 9-2-79

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

SIGNED Cynthia McKee TITLE Production Clerk DATE 9/4/79

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: