

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-07133

Indicate Type of Lease

STATE ☐

FEE ☒

State Oil & Gas Lease No.
025434

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.)

Lease Name or Unit Agreement Name
Angel

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator
Three Span Oil & Gas, Inc.

Well No.
3

Address of Operator
P.O. Box 51538, Midland, Tx 79710-1538

Pool name or Wildcat
Gladiola Wolfcamp

Well Location

Unit Letter F : 1980 Feet From The North Line and 1987 Feet From The West Line

Section 5 Township 12-S Range 38-E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3,870' DF

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 ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

¹²Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Rig up pulling unit. Pull tubing out of the hole. Rig up wireline. Run in with cast iron bridge plug ("CIBP"). Set CIBP at 9350' (+/- 100' above top completed interval). Load casing with packer fluid and shut-in 72 hours. Perform mechanical integrity test ("MIT") per OGD regulations.

Anticipate to start on Tuesday, July 20, 2004



TA THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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

SIGNATURE

James C. Gaines

TITLE Operations Engineer

DATE 07-08-04

TYPE OR PRINT NAME James C. Gaines

TELEPHONE NO. 432-684-6511

(This space for State Use)

APPROVED BY

Chris Williams

TITLE

OC DISTRICT SUPERVISOR/GENERAL MANAGER JUL 12 2004

DATE

CONDITIONS OF APPROVAL, IF ANY: