| Submit 3 Copies To Appropriate District | State of New Mexico | | | Form C-103 | | |
|--|----------------------------------|----------------|---------------------|---|---------------------|-------------|
| Office District I Energy, Minerals and Natural Resources | | | | | Revised Marc | h 25, 1999 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | | | |
| District II | rict II ONSERVATION DIVISION | | | 30-025-36259 | | |
| 1301 W. Grand Ave., Artesia, NM 88210 | Offilia Ave., Altesia, Invitozio | | | 5. Indicate Type of Lease | | |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 | | | STATE | FEE [| ⊠ | |
| Santa Fe, NM 87505 | | | 6. State Oil & C | Gas Lease No. | | |
| 1220 S. St. Francis Dr., Santa Fe, NM | , | | | | | İ |
| 87505 | | | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | 7. Lease Name o | r Unit Agreemer | nt Name: |
| DIFFERENT RESERVOIR. USE "APPLICA" | | | | | | |
| PROPOSALS.) | HOW FOR TERMIT (FOR | dvi C-101) i C | K SOCII | | | |
| 1. Type of Well: | | | | | | |
| Oil Well Gas Well Other | | | | Overland | | |
| 2. Name of Operator | | | | 8. Well No. | | |
| Pecos Production Company | | | | 1 | | |
| 3. Address of Operator | | | | 9. Pool name or | Wildcat | |
| 400 W. Illinois, Ste 1070, Midland, TX 79701 | | | | Southeast Dean-Wolfcamp | | |
| 400 W. Himois, 500 1070, Wildiana, 172 77701 | | | | Northeast Lovington-Upper Penn | | |
| 4. Well Location | | | | 140rtileast Loving | ston-Opper Tenn | |
| 4. Well Location | | | | | | |
| Unit LetterV_:1276 | feet from the So | uith | line and 1724 | feet from the | West | line |
| Oint Ectterv1270 | | ·uii | IIIIC alid1/24 | | west | |
| Section 2 | Township 1 | 65 | Pange 27E | NMPM L | ea Coun | . |
| | | | Range 37E | | ea Coun | ıy |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | |
| | 3791' GR | 11 . 37 | CD T | D 01 | | |
| | propriate Box to In | ndicate N | | | | |
| NOTICE OF INTI | SEQUENT RE | PORT OF: | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | N \square | REMEDIAL WOR | К . 🗆 | ALTERING CA | SING 🗌 |
| | | | | | • | |
| TEMPORARILY ABANDON | | | | ILLING OPNS. | PLUG AND | |
| | | | | | ABANDONMEI | NT |
| | MULTIPLE | | CASING TEST A | ND 📙 | | |
| • | COMPLETION | | CEMENT JOB | | | |
| OTHER: | | П | OTHER: Set Int | ermediate Casing | | \boxtimes |
| | (01 1 | | | | | _ |
| Describe proposed or completed of starting any proposed work). SEE recompilation. | | | | | | |
| 5/10/02 TD 112 b - 1 4 49003 | DII! | 1 0 5/011 | 20// 110 55 070 | | . 10001 . 0 | . • |
| 5/12/03 - TD 11" hole at 4800" | '. RU casing crew and | 1 ran 8-5/8" | 32# HC-33 S1C c | asing & set casing a | at 4800'. Cemen | it casing |
| with Lead – 1050 sxs | 50/50 Pos Prem Plus | , 8% gel, 59 | % Salt & Tail – wit | h 200 sxs Prem Plu | s. 1%CC8 Circ | 120 sxs to |
| reserve. WOC 18 hrs | | | | 200 S. C. | 15 10 | 2.52 |
| reserve. WOC 18 III | S. | | | /22h | | |
| 5/13/03 - Test casing to 1500 p | si – Ok. Resume drlg | Ţ . | | $/^{\circ}$ | 0, | ١٠٠ |
| | | | | 127 | | 67 |
| | | | | 12. | 1年2 | × : |
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| | | | | 100 | | r |
| | | | | | 9/0/1 | , |
| I hereby certify that the information ab- | ove is true and comple | ete to the be | est of my knowledg | e and helief | <u>. 347.22.2.2</u> | |
| -0 0. | · / | | | o una conon | | |
| SIGNATURE CONTRACTOR | men XI | TITLE E | Engineer Assist. | DATE 5/14/0 | 13 | |
| | | | | | | |
| Type or print name Dora Bustaman | te | Tele | phone No. (915) | 620-8480 | | |
| (This space for State use) | | .5 | | | | |
| ✓ · | 9. 1 | OC | FIELD REPRECENT | ATIVE | MAY 2 1 | 2003 |
| APPPROVED BY A aug W | whe | TITLE | | ATIVE II/STAFF M | ADMITTER | |
| Conditions of approval, if any: | | - | | | | |