

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

WELL API NO.

08300
30-025-80300

5. Indicate Type of Lease FEDERAL

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTH ELMAR

8. Well No. 29

9. Pool name or Wildcat

ELMAR DELAWARE

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 INJECTION

2. Name of Operator QUAY VALLEY, INC.

3. Address of Operator P. O. BOX 10280
MIDLAND, TEXAS 79702

4. Well Location

Unit Letter P 330 feet from the SOUTH line and 330 feet from the EAST line

Section 27

Township 26S

Range 32E

NMPM

County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,119' 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 ☐ MULTIPLE COMPLETION ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒CASING TEST AND CEMENT JOBS ☐OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

03-20-03

SPOT 75 SKS ON CIBP 4,295'

03-24-03

PERF 2938' SQUEEZE 40 SKS WOC 7 TAG @667'

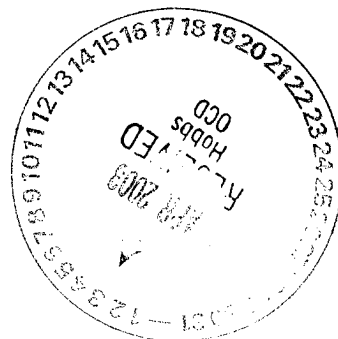
03-25-03

PERF @351' SQUEEZE 60 SKS WOC & TAG @137'

SPOT 10 SKS. 30' - SURFACE

CIRCULATE MUD

INSTALL P&A MARKER

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNATURE [Signature] TITLE PRESIDENT DATE 03/25/2003

Type or print name STELLA SWANSON

Telephone No. (915)687-4220

(This space for State use)

APPROVED BY [Signature] TITLE FIELD REPRESENTATIVE II / STAFF MANAGER DATE APR 04 2003

Conditions of approval, if any: