

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-34808

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

163123

7. Lease Name or Unit Agreement Name:

Shirley Boyd

8. Well No.

1

9. Pool name or Wildcat

McCormack Silurian, South

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

Cortez Operating Company

3. Address of Operator

2745 N. Dallas Parkway, Suite 220, Plano, Tx 75093

4. Well Location

Unit Letter D : 400 feet from the North line and 450 feet from the West line

Section 26 Township 22 South Range 37 East NMPM Lea County

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

3335' GR 3352' KB

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: Cancelled plans to P&A well. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

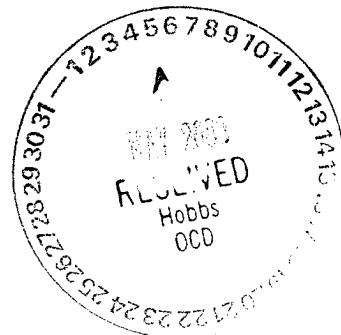
CASING TEST AND CEMENT JOB ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Plans to P&A well were cancelled.

Operations of well turned over to John Hendrix Company effective April 28, 2003.



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

SIGNATURE [Signature] TITLE Exec. V. P. DATE 4/29/03

Type or print name David C. Myers

Telephone No. 972.781.6595 x 113

(This space for State use)

APPROVED BY [Signature] FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 06 2003

Conditions of approval, if any: