

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.

30-025-04278

Indicate Type of Lease

STATE ☐

FEE ☒

State Oil & Gas Lease No.

### 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

H.S. Record

Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

Name of Operator

Ralph C Bruton

Well No.

1

Address of Operator

3500 Acoma Hobbs New Mexico 88240

Pool name or Wildcat

Eumont, Yates-7 RVRS-Queens (Oil)

Well Location

Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East Line

Section 15 Township 20-S Range 36-E NMPM Lea County

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

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: ☐

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.

8 5/8 @ 305' w/165 sks 5 1/2 @ 3605 w/600 sks TD @ 3903' PBTD 3880' Top perf 3850' Possible casing part @ 3820'

Set CIBP @ 3750'

Circ. well w/ M.L.F.

Spot 25 sks of cement @ 3750'-3650'

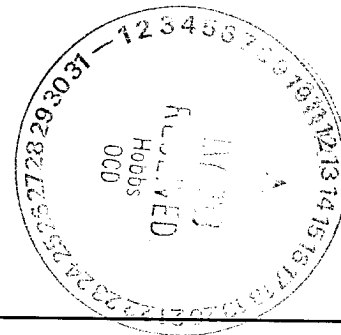
Spot 25 sks of cement @ 2800'-2700'

Perf @ 1600' Sqz. 40 sks of cement 1600'-1500' WOC & Tag

Perf @ 355' Circ. well w/ 90 sks of cement

Cut off wellhead and anchors 3' BGL Install dry hole marker

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

TITLE Agent

DATE 05-12-03

TYPE OR PRINT NAME Jack Shelton

TELEPHONE NO. 915-523-5155

(This space for State Use)

APPROVED BY

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

MAY 15 2003

CONDITIONS OF APPROVAL, IF ANY: