

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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised June 10, 2003

WELL API NO.

30-005-20532

5. Indicate Type of Lease Federal

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

Fed # 15677

7. Lease Name or Unit Agreement Name

Hahn Federal

8. Well Number

5

9. OGRID Number

021566

10. Pool name or Wildcat

Tom Tom San Andres

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 SWD

2. Name of Operator

John R. Stearns

3. Address of Operator

HCL5 Box 988 Crossroads, N.M. 88114

4. Well Location

Unit Letter K : 1980 feet from the West line and 1980 feet from the South line

Section 27

Township 7S

Range 31E

NMPM

County Lea

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

12. 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 JOB ☐

OTHER: ☐

13. 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 recompletion.

POH with tubing & pkr. Test tubing in hole and changed out 2 joints of tubing. Pkr set @ 3889'. Circulated pkr fluid, pressured casing and casing held.

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

SIGNATURE John R. Stearns TITLE OWNER

Type or print name John R. Stearns

E-mail address

OC FIELD REPRESENTATIVE II/STAFF MANAGER

Telephone No.

(This space for State use)

APPROVED BY Hayward Wink TITLE

DATE

Conditions of approval, if any:

SEP 12 2005

