

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-26104
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 5543
7. Lease Name or Unit Agreement Name Lea YH State
8. Well Number 1
9. OGRID Number 265378
10. Pool name or Wildcat Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3949

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REFINISH OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" FORM C-104 FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
George A. Chase Jr. DBA; G and C Service

3. Address of Operator
P.O. Box 1618 Artesia, NM 88211-1618

4. Well Location
 Unit Letter O : 760 feet from the South line and 1980 feet from the East line
 Section 25 Township 18S Range 34E NMPM County Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3949

HOBBS OCD
 JUN 18 2018
 RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: _____	INT TO PA P&A NR <u>PM</u> P&A R _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>Plug back</u> <input type="checkbox"/>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Work completed.

- Rig up on 05/21/2018
- Ran CIBP to 4650'. Pressured casing to 500lbs. held. Circulated hole. Spotted 25 sx cmt.
- Perforated casing 3967'-3970'. RIH Set packer @ 3500'. Squeezed with 50 sx cmt. WOC. Did not sqz, cleared perms. 2nd attempt, 50 sx cmt sqz. Shutdown WOC. Did not sqz. Cleared perms and observed pressure. 3rd attempt, 50 sx cmt. Pressured during displacement. Sqz to 1600 lbs. shutdown WOC. Tag TOC @ 3610'.
- Perforated casing @3547'-3550'. RIH set packer @ 3200' Squeezed 40 sx cmt. Shutdown and WOC. TOC @ 3316'.
- 05/22/2018 - Perforated casing @1997'-2000'. RIH set packer @ 1600' Squeezed 40 sx cmt. Shutdown and WOC. TOC @ 1790'.
- ~~05/22/2018~~ Perforated casing @335'-338'. Circulated cmt around backside to above ground pit. Shut down. WOC. 12 hr check cmt was 3'6" from surface.
- Will now cut off well head, anchors, clean location, and install dry hole marker.

Spud Date: Rig Release _____

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.
 Restoration Due By 05-22-2019

I hereby certify that the information above is true and complete to the _____

SIGNATURE Gregory A. Chase TITLE Operating Admin. DATE 06-12-2018

Type or print name Gregory A. Chase E-mail address: Chevyc08@hotmail.com PHONE: (575) 703-6604

APPROVED BY: Kerry Fretter TITLE Compliance Officer A DATE 6-26-18
 Conditions of Approval (if any): _____