

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
May 27, 2004

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

WELL API NO. 30-025-34634
5. Indicate Type of Lease STATE ☐ FEE ☒ <i>Federal</i>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name PALL MALL
8. Well Number 1
9. OGRID Number 3659
10. Pool HOUSE DRINKARD, BLINEBRY O&G, HOUSE TUBB

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3575 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: SET CAST IRON BRIDGE PLUG XXXXX

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.

TD 7800''

CASING 5-1/2" @ 7797'
8-5/8" @ 1630'

TOC 1710'
TOC CIRCULATED

PERFS: HOUSE ABO 7277-7640
HOUSE DRINKARD 6968-7052
HOUSE TUBB 6696-6748
S HOUSE BLINEBRY 5923-6075

OPERATOR WILL MIRU PU. PULL TBG, RODS & PUMP. WIRELINE SET CIBP @ ±7100'. SET 5 SX CEMENT ON TOP OF CIBP. RERUN TBG, PUMP & RODS AND RETURN WELL TO PUMPING.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE _____ AGENT _____ DATE 10/30/06

Type or print name H SCOTT DAVIS E-mail address: capataz1@sbcglobal.net Telephone No. 432-620-8820

For State Use Only

APPROVED BY: [Signature] DATE NOV 29 2006
Conditions of Approval (if any): OT FIELD REPRESENTATIVE II/STAFF MANAGER

