

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. 30-025-21401
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: J. F. Black
8. Well No. 5
9. Pool name or Wildcat Langlie Mattix Seven Rivers Queen

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  
P. O. Box 1772 Hobbs N.M. 88240 505-392-2495

3. Address of Operator  
P.O. Box 1772 Hobbs N.M. 88240 505-392-2495

4. Well Location  
Unit Letter K : 1980 feet from the FSL line and 1030 feet from the FWL line

Section 21 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DR, 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐

OTHER: ☐

2. 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.

1. Move in and rig up. Install B.O.P.
2. Perforate Jalmut Yates zone. Stimulate as necessary
3. Return well to production.



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

SIGNATURE G.A. Baber TITLE Partner

DATE 10/19/07

Type or print name G.A. Baber

Telephone No. 505 392-2495

(This space for State use)

APPROVED BY

**DENIED**

OC DISTRICT SUPERVISOR/GENERAL MANAGER

TITLE

DATE OCT 20 2007

Conditions of approval, if any

Must file on APP #21401 for playback

Chris Williams 10/20/07