| Submit 3 Copies To Appropriate District | State of New Mexico | | | | Form C-103 |
|--|--|-------|--------------------------------|------------------------------------|---------------------|
| Office District I | Energy, Minerals and Natural Resources | | | ed June 10, 2003 | |
| 625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | | |
| District II | OIL CONSERVATION DIVISION | | | 30-025-26475 | |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | 1220 South St. Francis Dr. | | | 5. Indicate Type of Lease STATE FE | E 🖾 |
| Santa Fe, NM 87505 | | | 6. State Oil & Gas Lease No | | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | 33111 | | |
| SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name | | | | | |
| COONOT 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 | | | | Lowe Land Company | |
| PROPOSALS.) 1. Type of Well: | | | | 8. Well Number | |
| Oil Well Gas Well Other | | | | #1 | |
| 2. Name of Operator | | | | 9. OGRID Number | |
| Cambrian Management, LTD | | | | 198688 | |
| 3. Address of Operator | | | | 10. Pool name or Wildcat | |
| P.O. Box 272 Midland, TX 79702 | | | King, Wolfcamp | | |
| 4. Well Location | | | | | |
| | | | | | |
| Unit LetterB: | 660feet from the | north | line and79 | 980feet from theeas | stline |
| Section 24 | Township 13- | | Range 37-E | | ounty Lea |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | |
| 3448.8 GR | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | |
| 10110E 01 1111E1111011 101 | | | | SEQUENT REPORT C | DE: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WOR | RK ☐ ALTERIN | IG CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DR | ILLING OPNS.□ PLUG AN ABANDO | |
| PULL OR ALTER CASING | | | | | |
| COMPLETION CEME ΜρΩΒ ν | | | · under band is retained until | | |
| OTHER: | | | OTHER Purface r | estoration is completed. | <u></u> |
| OTHER: OTHER: OTHER: OTHER: Surface restoration is completed. 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. | | | | | |
| 3-3-04 MIRU W/O rig and auxillary equipment | | | | | |
| 3-4-04 Spot 35 sx cmt 9760' – 9290' 3-5-04 RIH to 9760'. Spot 35 sx 9760 – 9290. WOC. Tag cement @ 9735'. Contact OCD to approve plug depth 5 irc hole to surface | | | | | |
| w/ weighted fluid. Spot 25 sx 6110' - 5709' | | | | | |
| 3-6-04 Cut 4 ½" csg @ 4950'. LD 16 jts | | | | | |
| 2.0.04 LD 02 its 41/2 one Snot 50 ov 4005? 4725? | | | | | |
| 3-9-04 Tag cmt @ 4739' Spot 25 sx 2352' - 2252'. Spot 25 sx 480' - 380'. WOC. Respot 25 sx 480' - 380\circ = 3 | | | | | |
| 3-10-04 Tag cmt @ 384'. Contact OCD to approve plug. Spot 10 sx 63' - surface. Cut off wellhead deadman anchorse Weld on | | | | | |
| P & A marker | | | | | |
| | | | | | |
| | | | | ELS. | , 9 ⁶ 7/ |
| | | 1 | . C 1 | | 84/ |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | |
| SIGNATURE Joe Co Certification Superintendent DATE_3/15/04_ | | | | | |
| Type or print name Joe E. Crawford E-mail address: <u>jcrawford@cambrianmgmt.com</u> Telephone No. (432)-620-9181 | | | | | |
| (This space for State use) | | | | | |
| ^/ | 11/10/11 | | OC FIELD REPRES | SENTATIVE II/STAFF MANA | GER |
| APPPROVED BY Hay W. WITLE | | | | | |
| Conditions of approval, if any: | | | | | |