

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-01810

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

Western Reserves Oil Company Inc.

8. Well No.

2

3. Address of Operator

P. O. Box 993, Midland, TX 79702

9. Pool name or Wildcat

Jenkins, NW (San Andres)

4. Well Location

Unit Letter A : 660 Feet From The north Line and 660 Feet From The east Line

Section 9

Township 9S

Range 34E

NMPM Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4257 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

12. 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.

1. Set CIBP at 4575' cap with 35' of cement.
2. Cut 5½" casing at 3000' and pull same.
3. Displace hole with salt Gel mud.
4. Set 35 Sx plug across 5½" casing stub( 50' in and 50' out)
5. Set 35 Sx plug from 850' to 750' across 8 5/8" casing stub.
6. Set 35 Sx plug from 460' to 360' across 13 3/8" casing stub.
7. Set 10 Sx plug at surface.
8. Cut anchors, clean location and prep for OCD inspection.

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

SIGNATURE

*Joe T. Japica*

TITLE

Agent

DATE

02/15/95

TYPE OR PRINT NAME

Joe T. Japica

TELEPHONE NO.

505-392-2112

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

FEB 15 1995

CONDITIONS OF APPROVAL, IF ANY:

(6)

RECEIVED  
FEB 15 2005  
UCD HODGINS  
OFFICE