

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 1900, Santa Fe, NM 87240

DISTRICT II
P.O. Box 100, Artesia, NM 88210

DISTRICT III
1000 N. Main St., Artesia, NM 87410

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

WELL API NO.	30-025-22740
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	KO 1112
7. Lease Name or Unit Agreement Name	CONTINENTAL STATE
8. Well No.	2
9. Pool name or Wildcat	VADA PENN/LANE ABO

CONDRI 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 READ & STEVENS, INC.
3. Address of Operator P.O. BOX 1518 ROSWELL, NEW MEXICO 88202-1518	4. Well Location Unit Letter M, 660 Feet From The South Line and 660 Feet From The West Line Section 7 Township 10S Range 34E NM/M Lea County 10. Elevation (Show whether LP, RKB, AT, OH, etc.) 4201' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☒
	CASING TEST AND CEMENT JOB ☐
	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.

3-22-96 SET CIBP @ 8800' - Spot 25 sxs cement on top
3-22-96 Spot 25 sxs @ 6800'-6600'
3-25-96 Spot 25 sxs @ 5000'-4800'
3-25-96 Spot 25 sxs @ 4050'-3850'
3-27-96 Spot 35 sxs @ 3050'-2938' tagged PULLED 3000' of 5 1/2" casing
3-27-96 Spot 35 sxs @ 2000'-1900'
3-27-96 PERFORATE @ 408'-Spot 75 sxs @ 448'-208'
3-27-96 Spot 10 sxs @ 30'-surface

INSTALL DRY HOLE MARKER
CIRCULATE 10# MUD

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

Signature: Susan Rodriguez TITLE: Production Analyst DATE: 5-1-96
Typed Name: Susan Rodriguez TELEPHONE NO.:

(This space for State Use)

APPROVED BY: Billy E. Prueh TITLE: DATE:

COMMISSIONER OF MINES, IF ANY:

526

D. L. P.

