

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. 30-025-23072

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
American Exploration Company

3. Address of Operator
1331 Lomas, Suite 900, N.W. 77010

4. Well Location
Unit Letter C : 460 Feet From The North Line and 1980 Feet From The West Line
Section 25 Township 9S Range 32E NMPM Lea County

10. Elevation (Show whether DF, 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 ☒ REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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.

CURRENT WELL CONFIGURATION:

13 3/8" @ 360' CMT CIRC
8 5/8" @ 3611' CMTD w/ 200 SX
TDC CALL @ 3300'
5 1/2" @ 9115' CMTD w/ 300 SX
TDC 7600' CBL

THE OPERATOR MUST BE NOTIFIED 24 HOURS BEFORE THE BEGINNING OF ANY PLUGGING OPERATIONS FOR THE C-103 TO BE RE-ENTERED.

PROPOSED PLUGGING PROCEDURE:

5 1/2" CIBP @ 8950' + 35 CMT
CUT & PULL 5 1/2" @ 7500'
35 SX @ 7550'
35 SX @ 3460'
CUT & PULL 8 5/8" @ 3000'
50 SX @ 3050'
50 SX @ 410'
10 SX @ SURFACE, INSTALL WELL MARKER

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

SIGNATURE Billy M. Priebe TITLE WESTERN OPERATIONS MANAGER DATE 4/21/97

TYPE OR PRINT NAME BILLY M. PRIEBE TELEPHONE NO. (915) 687-0587

(This space for State Use)

ORIGINAL SIGNED BY JOEY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY

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