

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. <u>30-025-23353</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. OG-6008
7. Lease Name or Unit Agreement Name State E
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>N Bagley Farms Lease</u>

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 <u>Read & Stevens, Inc.</u>	
3. Address of Operator <u>P.O. Box 1518, Roswell, NM 88202</u>	
4. Well Location Unit Letter <u>N</u> : <u>2093</u> Feet From The <u>W</u> Line and <u>660</u> Feet From The <u>S</u> Line Section <u>7</u> Township <u>11S</u> Range <u>33E</u> 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:	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.

Set CIBP @ 8,565', RIH w/tbg, set 35 sx cmt plug on CIBP.
Cut 5 1/2" csg @ 4,995' and POH w/csg. Set cmt plugs w/
tbg @:
7340-7240 25 sx
5055-4905 35 sx
3778-3678 35 sx
Cut and pull 8 5/8" csg from 650'. Set 75 sx plug from
700-600' w/tbg. Set 10 sx surf plug. All plugs tagged
per NMOC D specs. Install DH marker.
Well P & A 8-8-90.

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

SIGNATURE [Signature] TITLE Petroleum Engineer DATE 8-14-90

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE NOV 16 1990

CONDITIONS OF APPROVAL, IF ANY: