

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☒
5b. State Oil & Gas Lease No.	
API # 30-025-23506	

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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-		7. Unit Agreement Name
2. Name of Operator CARR WELL SERVICE, INC.		8. Farm or Lease Name SHERIDAN "A"
3. Address of Operator P.O. BOX 69090 ODESSA TX 79769-9090		9. Well No. 1
4. Location of Well UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>FNL</u> LINE AND <u>1980</u> FEET FROM THE <u>FWL</u> LINE, SECTION <u>24</u> TOWNSHIP <u>T-9-S</u> RANGE <u>R-33-E</u> NMPM.		10. Field and Pool, or Wildcat VADA (PENN)
15. Elevation (Show whether DF, RT, GR, etc.) 4340		12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

16. 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.

- 100' CMT PLUG FROM 9600'-9500' TAG OR CIBP W/35' CMT @9600'.
- 100' CMT PLUG 50' IN & 50' OUT 5-1/2 CSG STUB. TAG (5500' +/-)
- 100 CMT. PLUG 50' BELOW & 50' ABOVE 8-5/8 SHOE (SHOE @3950') TAG
- PERF. 8-5/8 CSG. @1930' (SALT) 100 CMT PLUG INSIDE & OUTSIDE 8-5/8 CSG.
- 100' CMT PLUG 50' IN & 50' OUT 8-5/8 CSG STUB. TAG:
- 100' CMT PLUG 50' BELOW & 50' ABOVE 13-3/8 CSG SHOE (SHOE @397') TAG.
- 10 SX SURF. PLUG.
- INSTALL DRY HOLE MARKER.

NOTE: HOLE WILL BE CIRCULATED W/10# BRINE W/25# SALT GEL PER BBL.

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

Signed Paul P. Kautz TITLE Supervisor DATE 2-5-90
Orig. Signed by
Paul Kautz
Geologist
APPROVED BY _____ TITLE _____ DATE FEB 07 1990