Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, erals 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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-24202

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.)

7. Lease Name or Unit Agreement Name: Santa Fe Pacific

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Meteor Developments, Inc.

8. Well No. 11

3. Address of Operator: 511 16th St., Suite 400, Denver, Co. 80202

9. Pool name or Wildcat: Crossroads Siluro-Devonian

4. Well Location
Unit Letter D : 990 Feet From The North Line and 380 Feet From The West Line

Section 26 Township 9S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4035 DF

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.

Propose to Plug Well as Follows.

1- Set CIBP @ 11,886' and cap w/25 sx. cmt.
2- Circ. Hole w/mud-gel. (10# Brine - 25# per bbl. salt-gel)
3- Set. 35 sx. cmt. plug @ 8888',
4- Set 40 sx. cmt. plug @ 4835', WOC, Tag.
5- Set 40 sx. cmt plug @ 1800'.
6- Perf. 9 5/8" csg. @ 430', Pump 70 sx. cmt., squeeze 30 sx. cmt. out. WOC - Tag.
7- Cut off well-head, Set 10 sx. cmt. @ surface, Install DHM.

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

SIGNATURE _____ TITLE _____ DATE _____

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Chris Williams TITLE DISTRICT 1 SUPERVISOR DATE 7/10/98

CONDITIONS OF APPROVAL, IF ANY: