State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

## OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

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

| WELL API NO. |
|---|
| 30-025-27961001 |

sIndicate Type of Lease

STATE X    FEE

6State 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.)

7Lease Name or Unit Agreement Name

STATE 26

1Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER DISPOSAL

2Name of Operator
KELLY H. BAXTER

8Well No.
1

3Address of Operator
PO BOX 1649, AUSTIN, TX 78767

9Pool name or Wildcat
LEA

4Well Location

Unit Letter _B_ : 660 Feet From The NORTH Line and 2310 Feet From The EAST Line

Section 26 Township 12S Range 32E NMPM LEA County

10Elevation (Show whether DF, RKB, RT, GR, etc.)
4326 GR

11 ## Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

### NOTICE OF INTENTION TO:

| | |
|---|---|
| PERFORM REMEDIAL WORK ☐ | PLUG AND ABANDON ☐ |
| TEMPORARILY ABANDON ☒ | CHANGE PLANS ☐ |
| PULL OR ALTER CASING ☐ | |
| OTHER: _____ | |

### SUBSEQUENT REPORT OF:

| | |
|---|---|
| REMEDIAL WORK ☐ | ALTERING CASING ☐ |
| COMMENCE DRILLING OPNS. ☐ | PLUG AND ANBANDONMENT ☐ |
| CASING TEST AND CEMENT JOB ☐ | |
| OTHER: _____ | |

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Prep to run Mechanical Integrity test on October, 1, 2000 and set plug @ _3590'_ (NO WELL DATA )

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

SIGNATURE _Becky Lindemood_ TITLE: Agent DATE 08-29-00

TYPE OR PRINT NAME Becky Lindemood

TELEPHONE NO 915-687-1144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: