

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-025-28463

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

HEYCO "36" STATE

8. Well No.

1

9. Pool name or Wildcat

GLADIOLA DEVONIAN

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

MW PETROLEUM CORPORATION

Apache Corp

3. Address of Operator

3300 N. A STE. 8220 MIDLAND, TX 79705

4. Well Location

Unit Letter H : 990 Feet From The EAST Line and 1650 Feet From The NORTH Line

Section 36 Township 11S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3892.8 GL

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 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.

WELL TO BE PLUGGED AND ABANDONED AS FOLLOWS:

1. RIH Set CIBP @ 12,000' w/15 sxs.
2. Spot Cement from 8950'-9050' w/25 sxs
3. Spot Cement from 5000'-6000' w/ 25 sxs,
4. Spot Cement from 4420'-4620 w/40 sxs.
5. Spot Cement from 2240'-2340 w/30 sxs.
6. Spot Cement plug from 50' - surface.
7. Install 4-1/2" dry hole marker.

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

SIGNATURE

Sylvia Shoemaker

Sylvia Shoemaker

TITLE

Clerk III

DATE

9-6-96

TYPE OR PRINT NAME

TELEPHONE NO.

915-683-6511

(This space for State Use)

SEP 18 1996

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: