State of New Mexico Ene. __, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

P.O. Box 2	P.O. Box 2088	
DISTRICT III P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazia Rd., Aziec, NM 87410		30-025-29271 5. Indicate Type of Lease
		STATE X 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.)		K-3920 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL		Cleveland
2. Name of Operator		8. Well No.
Wagner & Brown 3. Address of Operator		2
P.O. Box 1714, Midland, TX 79702		9. Pool name or Wildcat
4. Well Location		East Caprock Penn
Unit Letter C: 660 Feet From The North Section 23 Township 12S	- 22E	NMPM Lea County
4333' GR	er Dr, KKB, KI, GK, eic.)	
	Nature of Notice D.	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSECUENT REPORT OF		
PERFORM PENEDIAL WORK		
REMEDIAL WORK ALTERING CASING		
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT X		
PULL OR ALTER CASING CASING TEST AND CEMENT JOB		
OTHER: OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103.		
Cap packer @ 10170'w/ 50 sx "C". Tagged cement @ 9277'.		
Displaced hole w/ 10 ppg mud.		
Spotted cmt plug @ 7500' w/ 25 sx. Spotted c plug 3800-3639' w/ 75 sx and tagged cmt.	mt plug @ 5550' w	/ 25 sx. Spotted cmt
Spotted plug @ 1100' $\text{w}/\ 25\ \text{sx}$, and one @ 450'	u/ 25 sx	
Spotted 10 sx cmt plug @ surface, welded on I		lled dryhole marker.
Janus her y wold, and with s	Contain C	
I hereby certify that the information above is true and complete to the best of my knowledge an	d belief.	
SUNATION MALLINGERY	тыEngineer	5/12/20
TYPEOR PRINT NAME Drew Diggins		DATE
(This space for State Use)		TELEPHONE NO. (915)
APPROVED BY	Coll & Gas ins	SPECTOR AUG 1 6 1989
CONDITIONS OF ADDROVAL TO AND	ru — — — — — — — — — — — — — — — — — — —	DATE

CONDITIONS OF APPROVAL, IF ANY:

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