

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-29969
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. L.G. 1041
7. Lease Name or Unit Agreement Name Kellahin State
8. Well No. 142
9. Pool name or Wildcat SRR San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4336 G.L.

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 Spence Energy Company	
3. Address of Operator 4925 Greenville Ave Ste #220 Dallas, Tx. 75206	
4. Well Location Unit Letter P : 330 Feet From The South Line and 700 Feet From The East Line Section 14 Township 9S Range 32E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4336 G.L.	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

- 1) Set 100' Plug 50' above 3530' — TAG (ALL BOTTOM PLUGS NEED TAGGED)
- 2) Set 100' Plug from 1622-1740' — PERF. @ 5 1/2" @ 1740' + PUT 200' OF CEMENT OUTSIDE OF PIPE + 100' INSIDE PIPE.
- 3) ~~Set 100' Plug from 300-400'~~
- 4) Set surface plug. — 60' OR 105X

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

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

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: