

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

WELL API NO.	30-025-29969
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	L. G. 1041
7. Lease Name or Unit Agreement Name	
KELLAHIN 14 STATE	
8. Well No.	2
9. Pool name or Wildcat	S. FLYING "M" - BOUGH
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
4336.6 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	SPENCE ENERGY COMPANY
3. Address of Operator	4849 GREENVILLE AVENUE, #381, 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.)	
4336.6 G.L.	

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: PLUG BACK & RECOMPLETE ☒

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.

5/7/90: SET 200' CEMENT PLUG FROM 8900' TO 8200'

SET 5 1/2" C.I.B.P. @ 5,000'

PERFORATE SAN ANDRES FORMATION FROM 4206-4232' AND TEST.

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

SIGNATURE Clay Spence TITLE PRODUCTION SUEPRVISOR DATE 5/7/90
TYPE OR PRINT NAME CLAY/SPENCE TELEPHONE NO. _____

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

MAY 10 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: