

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.
30-025-30384

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-2234

7. Lease Name or Unit Agreement Name

State 35

8. Well No.

1

9. Pool name or Wildcat

Vada (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 Dry Hole

2. Name of Operator
Union Pacific Resources Company

3. Address of Operator
P. O. Box 7 - MS 3407, Fort Worth, TX 76101-0007

4. Well Location
Unit Letter G : 725 Feet From The North Line and 2040 Feet From The West Line

Section 35 Township 10S Range 33E NMPM Lea County

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

4196.7' 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 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.

Operations to plug and abandon began 12-6-89 and were completed 12-7-89.

Spotted 65 SX Class "C" w/2% CaCl from 4259-4008'. WOC 4 hrs.

Spotted 35 SX Class "C" w/2% CaCl from 2000-1866'. SDFN.

Cut off 13-3/8" x 11" head.

Pumped 15 SXS Class "C" w/2% CaCl down 13-3/8" casing for surface plug.

Installed dry hole marker and cleaned location.

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

SIGNATURE Kris Curran TITLE Regulatory Analyst DATE 12-10-91
(817) 877-6000
TYPE OR PRINT NAME Kris Curran TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE 12-10-91

CONDITIONS OF APPROVAL IF ANY: