

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. 30-025-30927
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Wild Turkey
2. Name of Operator Grover-McKinney Oil Company	8. Well No. 1
3. Address of Operator P O Box 3666, Midland TX 79702	9. Pool name or Wildcat Crossroads, East Devonian
4. Well Location Unit Letter A : 480 Feet From The North Line and 330 Feet From The East Line Section 25 Township 9 South Range 36 East NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4006.4' 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.

9/25/90 Ran 304 jts 5 1/2" 17# csg, set @ 12158'. Cemented w/250 sx Class "H". Plug down 8:30 PM. Plug latched in 1600-2300 psi, held pressure for 3 minutes. Released pressure, held OK.

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

SIGNATURE

Carol Robbins

TITLE

Agent

DATE 10/8/90

TYPE OR PRINT NAME

Carol Robbins

A/C 915 TELEPHONE NO. 683-4215

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1990