

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.<br><b>30-025-30927</b>   |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br><br>Wild Turkey   |
| 8. Well No.<br><br>1  |
| 9. Pool name or Wildcat<br><br>Crossroads, East Devonian  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><br>4006.4' GR                                |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>Grover-McKinney Oil Company | 3. Address of Operator<br>P O Box 3666, Midland TX 79702 | 4. Well Location<br>Unit Letter <u>A</u> : <u>480</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line<br>Section <u>25</u> Township <u>9 South</u> Range <u>36 East</u> NMPM Lea County |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   |  |  |   |

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:  |   |
|--|---|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                         | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  |   | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> |   |
| OTHER: <input type="checkbox"/>                |   | OTHER: <input type="checkbox"/>                                |   |

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.

7/3/90 Spudded well @ 7 AM 7/2/90. Ran 10 jts 51.50# 13 3/8" csg. Set @ 401'. Cemented w/420 sx Class "C", circulated 60 sx. WOC 12 hrs. Plug down @ 5 PM 7/2/90.

7/10/90 Ran 104 jts 8 5/8" csg. Cemented w/1490 sx Premium Plus. Set @ 4395'. Circulated 65 sx. Plug down @ 6 PM 7/9/90.

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 July 10, 1990  
TYPE OR PRINT NAME Carol Robbins A/C 915 TELEPHONE NO. 683-4215

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: