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APPROVED BY-

## State of New Mexico Energy, Minerals and Natural Resources Denartment

Form C-103

\_ DATE \_

| District Office   |  |                                    | ·                                       | CV 10000 4-4-77           |
|---|--|------------------------------------|---|---------------------------|
| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240                      | OIL CONSERVAT  |                                    | WELL API NO.                            |                           |
| P.O. Box 2088  DISTRICT II Santa Fe, New Mexico 87504-2088        |  |                                    | 30-025-30994                            |                           |
| P.O. Drawer DD, Artesia, NM 88210                                 | Santa Pe, New Mex  | 100 67304-2066                     | 5. Indicate Type of Lesse               | FEE 🛭                     |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410              |  |                                    | STATE  6. State Oil & Gus Lease No.     | FEE 🔼                     |
| ( DO NOT USE THIS FORM FOR PROI<br>DIFFERENT RESERV<br>(FORM C-1  | CES AND REPORTS ON POSALS TO DRILL OR TO DEE<br>FOR. USE "APPLICATION FOR<br>101) FOR SUCH PROPOSALS.) | PEN OR PLUG BACK TO A              | 7. Lease Name or Unit Agreemen          | nt Name                   |
| I. Type of Well: ORL GAS WELL WELL                                | OTHER  |                                    | Hileman "\3"                            |                           |
| 2. Name of Operator   |  |                                    | 8. Well No.                             |                           |
| Grand Banks Energy Com  | pany   |                                    | 1                                       |                           |
| 3. Address of Operator  |  |                                    | 9. Pool name or Wildcat                 |                           |
| #10 Desta Drive, Suite  | 500 E, Midland, Te   | xas 79705                          | Wildcat                                 |                           |
| Unit Letter J : 2100  | Feet From The South  | Line and210                        | Feet From The East                      | St Line                   |
| Section 13  | Township 9S  | Range 34E                          | NMPM Lea                                | County                    |
|   | 10. Elevation (Show wh<br>4195 GRD   | esher DF, RKB, RT, GR, esc.)       |   |                           |
| 11. Check A   | ppropriate Box to Indica   | ate Nature of Notice, I            | Report, or Other Data                   |                           |
| NOTICE OF INTI  | ENTION TO:   | SUI                                | BSEQUENT REPORT                         | OF:                       |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON   | REMEDIAL WORK                      | ALTERING (                              | CASING                    |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING                |  |                                    | IG OPNS. L PLUG AND                     | ABANDONMENT               |
| PULL OR ALTER CASING  | OR ALTER CASING CASING TEST AND C  |                                    | EMENT JOB                               |                           |
| OTHER:  | [  | OTHER:                             |   |                           |
| 12. Describe Proposed or Completed Operation work) SEE RULE 1103. | xos (Clearly state all pertinent deta  | ils, and give pertinent dates, inc | luding estimated date of starting any p | proposed                  |
| TD'd 11" hole 11 AM 9-2   | 26-90  |                                    |   |                           |
| Ran 94 jts 8 5/8" 24 & 3  | 32 # J-55 ST & C cs  | sg to 4000'                        |   |                           |
| Cmt'd w/ 200 sxs 50/50 Pc<br>Class "C" neat.                      | oz-mix "C" w/ 8% ge  | ≥1 followed by 300                 | sxs                                     |                           |
| WOC 12 hrs<br>Tested BOP and csg to                               | 1500 psi   |                                    |   |                           |
|   |  |                                    |   |                           |
| I hereby certify that the information above is true               |  | ge and belief.                     |   |                           |
| SIONATURE Cartan Wheel  | le-  | wice Presi                         | dent - Operations                       | Sept. 27, 199             |
| TYPEOR PRINT NAME Carlton Who                                     | eler   |                                    | TELEPHO                                 | NE NO.915/6821 <u>0</u> 4 |
| (This space for State Use) 1910 (1914) (1901)                     | Decoded Responsible Company (Company)  |                                    |   | OUTUE                     |