

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-31948
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. V-2579
7. Lease Name or Unit Agreement Name BUTTON-UP UNIT
8. Well No. 1
9. Pool name or Wildcat BAR U <i>Devenian</i>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☐	2. Name of Operator MW PETROLEUM CORPORATION
3. Address of Operator 3300 N. A STE. 8220 MIDLAND TX 79705	4. Well Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2371</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>9-S</u> Range <u>32E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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.

1. TIH & TAG CMT. @ 10,416
2. Pull up to 9100', Spot 20 sxs. cmt plug
3. Pull up to 8000', Spot 20 sxs. cmt plug
4. Pull up to 4150'. Spot 20 sxs. cmt plug
5. Pull up to 3350'. Spot 30 sxs. cmt plug
6. Spot 5 sxs cmt. to plug 25' - surface
7. Cut off wellhead and wled on cap.

WILL NEED TO PULL 5 1/2" @ 450' & PLACE 100' PLUG INSIDE & OUTSIDE OF 5 1/2" (IF YOU DON'T PULL 5 1/2")

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

SIGNATURE Sylvia Shoemaker TITLE Clerk III DATE 10-24-96
TYPE OR PRINT NAME Sylvia Shoemaker TELEPHONE NO. (915) 683-6511

(This space for State Use)

APPROVED BY [Signature] TITLE DATE OCT 28 1996
CONDITIONS OF APPROVAL, IF ANY: