

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

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|--------------------------------------|--|
| WELL API NO. | 30-025-33188 |
| 5. Indicate Type of Lease | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. | 17949 |
| 7. Lease Name or Unit Agreement Name | Aleshire "9" |
| 8. Well No. | 1 |
| 9. Pool name or Wildcat | North Crossroads- Devonian |

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| 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"/> | |
| 2. Name of Operator Cobra Oil & Gas Corporation | |
| 3. Address of Operator P.O. Box 8206 Wichita Falls, Texas 76307-8206 | |
| 4. Well Location Unit Letter <u>J</u> : <u>1870</u> Feet From The <u>South</u> Line and <u>1944</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>9S</u> Range <u>36E</u> NMPM <u>Lea</u> County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4069 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.

Well currently producing at 96% water cut. Plan to temporarily abandon well while reviewing seismic for possible sidetrack. Electricity disconnected from pumping unit on 10/9/96. Will move pumping unit to Lewis Uint #1 well (18735).

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T607
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rory Edwards TITLE Production Supervisor DATE 10/14/96
TYPE OR PRINT NAME Rory Edwards TELEPHONE NO. (817) 716-5100

(This space for State Use)

ORIGINAL COPY TO BE RETURNED TO THE DIVISION

NOV 01 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: