State of New Mexico Energy Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

or NM 88240	OIL CONSERV			WELL API NO.			
	2040 Pag			30-025-33721			
D, Anesia, NM 88210	Santa Fe	2 ,)	NM 87505	5. Indicate Type	of Louse	FEE 🗌	
o Brazos Rd., Aztec, NM 87410			- :	6. State Oil & G.		FEE [_]	
SUNDRY NOTICE	ES AND REPORTS (N WE	ILS			777777	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERV (FORM C-1	POSALS TO DRILL OR TO YOR. USE "APPLICATION 01) FOR SUCH PROPOSA	DEEPER FOR PE	N OR PLUG BACK TO A	7. Lesse Name o	r Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL	OTHER DRY HOLE				SȚATE 3		
2. Name of Operator COBRA OIL & GAS CORPORATION				8. Well No. 1			
3. Address of Operator P 0 BOX 8206; WICHITA FALLS,	TX 76307-8206			9. Pool name or V SOUTH CROSSR	Vildeat OADS DEVONIAN		
4. Well Location Unit Letter : 2310	Feet From TheNORTH		Line and 1650	Feet From	The WEST	Line	
Section 3	Township 10S		unge 36E N	MPM LEA	-	County	
	10. Elevation (Show 4021.3 G		DF, RKB, RT, GR, etc.)				
11. Check Ap	propriate Box to Ind	icate l	Nature of Notice, Re	port, or Other	Data		
NOTICE OF INTE	NTION TO:		_	EQUENT R			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING		
PULL OR ALTER CASING	CHANGE PLANS		COMMENCE DRILLING	L	PLUG AND ABANDON	NENT XX	
OTHER:			CASING TEST AND CEN	ENT JOB []		П	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent de	sails, and	d give pertinent dates, includin	g estimated date of	starting any proposed		
•	AYO MARRS CASING DIII	I TNC T	AIC DILLUITU MODWET	D.7110			
05/08/02: NOTIFY OCD, MIRU M CEMENT PLUG AT 2,2 RIH AND TAG AT 373	00 FEET TO 2,100 FEE FEET, POOH AND SPOT EVEL PIT AND CELLAR.	I. POU	H AND SPOT 35 SACKS	CEMENT DILIC AT	AOO EEEE HOTE ON	CEMENT	
DRY HOLE MARKER, L	EVEL PIT AND CELLAR.				192		
			1.65)	\ \		
			**************************************	15			
				H. 40°C)		
hereby certify that the information above is frue and	. \	ige and be	lid.		· · · · · · · · · · · · · · · · · · ·		
SURATURE	ulu/>	mle	PRODUCTION SUPERV	ISOR	DATE05-29-02		
TYPE OR PRINT NAME RORY EDWARDS					тецерноме по. 940 - 71	6-5100	
This space for State Use)			0011				
PPROVED BY BULLY 2. +	ruline &	– mle	COMPLIANCE	OFFICER	- date <mark>AUG () 7 2</mark> (102	
CONDITIONS OF APPROVAL, IF ANY:				eres (g Medical)			
GWW							