

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-34201

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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
Cobra Oil & Gas Corporation

3. Address of Operator
PO Box 8206 Wichita Falls, Texas 76307-8206

4. Well Location
Unit Letter D : 1294 Feet From The North Line and 39 Feet From The West Line
Section 22 Township 10S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4015 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

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.

Spud well @ 1:30 PM, November 14, 1997 with Patterson Drilling Company Rig #48. Drill 17½" surface hole to depth of 398'. Set 13 3/8" 48# H-40, 8 RD, ST & C casing @ 398' and cement using BJ Services. Cement with 415 sacks Class "C" w/2% CaCl₂, mixed at 14.8 ppg, yield 1.34 cuft/sx. Circulate 36 bbls, 150 sacks, to surface. Used three Weatherford bow type centralizers, every 3rd joint from bottom. Plug down @ 5:00 AM November 15, 1997.

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 11/17/97

TYPE OR PRINT NAME Rory Edwards

TELEPHONE NO. 940-716-510

(This space for State Use)

ORIGINAL SIGNED BY JIM WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 05 1998

CONDITIONS OF APPROVAL, IF ANY: