

**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. 30-025-34240
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. VO4486
Lease Name or Unit Agreement Name  SUNBURST STATE
Well No. 1
Pool name or Wildcat FLYING MI ABO/WILDCAT

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator AMMONITE ENERGY TEXAS INC.	
Address of Operator PO BOX 7663, MIDLAND, TX. 79708	
Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>510</u> Feet From The <u>EAST</u> Line Section <u>14</u> Township <u>9S</u> Range <u>32E</u> NMPM <u>LEA</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 4349 GR	

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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 ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

MOVE IN NORTON RIG #12. SPUD WELL AT 11:00 PM MST ON 1-24-98. DRILL 17-1/2" HOLE TO 365'. RAN 8 JTS 13-3/8" 48# STEEL CASING, 366.19'. SET @ 365'. BJ CEMENTED WITH 375 SX. CLASS "C" 2% CaCl2, CIRCULATED 121 SX. TO SURFACE. WOC 12 HRS. NIPPLE UP BOP. TEST CASING AND BOP TO 1,000# PSI. NO PRESSURE LOST.

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

SIGNATURE

*Becky Lindemoor*

TITLE AGENT

DATE 02-18-98

TYPE OR PRINT NAME BECKY LINDEMOOD

TELEPHONE NO. 915-683-0044

This space for State Use

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY