STATE OF INEW INTEXTOO

Form C-103

Energy Minerals and Natural Resources Department Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE STATE Federal DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 d 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Todd Lwr San Andres Unit Type of Well: Sec.30 GAS WELL WELL X 2. Name of Operator 8. Well No. Plains Petroleum Operating Company 3. Address of Operator 1 Pool name or Wildcar Todd Lwr San Andres Assoc 415 W. Wall, Suite 2110, Midland, tX 79701 4. Well Location : 1873.3 Feet From The West 1980 North Unit Letter Line and Feet From The Line 30 hip /S Range 36E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 36E Roosevelt Section Township **NMPM** County 4151 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** PLUG AND ABANDONMEN COMMENCE DRILLING OPNS. **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB Convert to POW OTHER: 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. POOH w/2-3/8" tbg & 5-1/2 x 2-3/8 pkr 6-4-90 6-7-90 WIH w/MA, PN, SN, TA & 127 jts 2-7/8" tbg, attempted to cut paraffin , will POOH & LD tbg & steam out paraffin 6 - 12 - 90RIH w/BPMA, PS, SN, 130 jts 2-7/8" tbg, 2-1/2 x 1-1/2x16' pump, 88 3/4" rods & 78 7/8" rods, & rod sub, Hung well on & started pumping This form is for informational purposes for OCD since same is a federal lease. I hereby certify that the information above is true and Office Mgr/Tech

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TYPE OR PRINT NAME

APTROVED BY-

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(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

TELEPHONE NO.