

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Encl. 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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-041-20824
5. Indicate Type of Lease	STATE ☐ FEE ☐
6. State Oil & Gas Lease No.	OG1617
7. Lease Name or Unit Agreement Name	Todd Lower San Andres Unit Sec. 30
8. Well No.	7
9. Pool name or Wildcat	Todd Lower San Andres Assoc.

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 <u>Inject</u>
2. Name of Operator Plains Petroleum Operating Company
3. Address of Operator 415 West Wall, Suite 1000, Midland, Texas 79701
4. Well Location Unit Letter <u>G</u> : <u>1867</u> Feet From The <u>East</u> Line and <u>2040</u> Feet From The <u>North</u> Line Section <u>30</u> Township <u>7S</u> Range <u>36E</u> NMPM <u>Roosevelt</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>KB 4375'</u>

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 ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
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.

Federal Unit Agreement #8910195820

08-16-95 Set CIBP @ 4175'
Dump 35 sxs cement on top

08-17-95 Spot 25 sxs 2050' - 1850'
Perf & squeeze @ 400' with 55 sxs cement
Tag plug @ 310'
Spot 20 sxs 50' to surface
Set dry hole marker
Circulate 10# Mud

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

SIGNATURE Stephen D. Owen TITLE Area Engineer DATE September 1, 1995
TYPE OR PRINT NAME Stephen D. Owen TELEPHONE NO 915/683-4434

(This space for State Use)

APPROVED BY Billy E. Pender TITLE COMPLIANCE OFFICER DATE JAN 14 2003

CONDITIONS OF APPROVAL, IF ANY:

COMPLIANCE OFFICER