

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brison Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-005-10147</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E-9089

7. Lease Name or Unit Agreement Name Humble State <u>"B"</u>
8. Well No. 1
9. Pool Name or Well Tobac (Penn)

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 SWB

2. Name of Operator
Cross Timbers Operating Company

3. Address of Operator
P. O. Box 50847, Midland, Texas 79710

4. Well Location
Unit Letter K : 1,980 Feet From The south Line and 1,830 Feet From The west Line
Section 21 Township 8S Range 33E NEQM Chaves County

10. Elevation (Show whether OF, RCB, RT, GR, etc.)
4,370' GR

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 running any proposed work) SEE RULE 1103.

- 1) MIRU plugging unit. Install manual dbl-ram BOP.
- 2) Set CIBP on WL @ 8,860' & cap w/5sx cmt.
- 3) Cut off 4-1/2" csg @ 3,620'. POH & LD 4-1/2" csg.
- 4) TIH w/tbg to 3,670'. Load hole w/9.5 ppg mud.
- 5) Spot 50sx Class "C" cmt plug fr/3,670'-3,500'.
- 6) POH w/tbg.
- 7) Cut off 8-5/8" csg @ 2,500'. POH & LD 8-5/8" csg.
- 8) TIH w/tbg to 2,550'.
- 9) Spot 60sx Class "C" cmt plug fr/2,550'-2,450'.
- 10) POH w/tbg to 459'.
- 11) Spot 80sx cmt plug fr/459'-359'.
- 12) POH & LD tbg.

*spot 100' plug top
Glorieta @ 4960*
*spot 100' plug top
salt @ 1906*

PROCEDURE CONTINUED ON BACK

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

SIGNATURE Gary L. Markestad TITLE Operations Engineer DATE 5/11/93
TYPE OR PRINT NAME Gary L. Markestad TELEPHONE NO. (915)682-8873

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE MAY 13 1993

CONDITIONS OF APPROVAL, IF ANY:

THE FOLLOWING MUST BE NOTIFIED 24
HOURS PRIOR TO THE COMMENCEMENT OF
PLANNED OPERATIONS FOR THE CHGS
TO BE APPROVED.

Describe Proposed or Completed Operations - cont'd

- 13) Dump 10sx surf plug.
- 14) Install DHM.
- 15) RDMO plugging unit.
- 16) Clean up location.