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

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-32970

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.)

7. Lease Name or Unit Agreement Name: Lowe 27

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: D & J Oil Co

8. Well No. 1

3. Address of Operator: P.O. Box 10129, Enid OK 73706

9. Pool name or Wildcat: SW Gladiola Devonian

4. Well Location
Unit Letter O : 642 Feet From The South Line and 2434 Feet From The East Line

Section 27 Township 12 S Range 37 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3892' GL

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.

11-5-95 T.D 12,228 Ran 294 jts 5½" LT # N-80 csg length of string 12,211.25. Set pipe at 12,200' Ran Howco packer shoe on bottom of 1st jt. insert float on top of 1st jt. Howco F-O tool on top of 21st jt. (11,323'). Cemented w 150 sx 50-50 poz mix w 2% gel, 6 # salt/sk.

11-15-95 Tested csg to 1500 psi & held for 15 min

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

SIGNATURE John Gould Jr TITLE Consultant DATE 11-28-95

TYPE OR PRINT NAME John Gould Jr TELEPHONE NO 915-687-4338

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 02 1996

CONDITIONS OF APPROVAL, IF ANY: