

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.

30-25-07121

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

State "G"

8. Well No.

#1-SWD

9. Pool name or Wildcat

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

SWD

2. Name of Operator

Eclipse Oil & Gas, Inc.

3. Address of Operator

P.O. Box 15122 Odessa, TX 79768

4. Well Location

Unit Letter I : 1955 Feet From The South Line and 735 Feet From The East Line

Section 9 14S Township 14S Range 33E NMPM Lea County

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

4224 GR.

11.

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 ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

(Notify Conservation Commission (505) 393-6161 24hrs. before operations begin)

- (1) Release pkr. circ. hole w/10# BW w/25# SWG per bbl.
- (2) Set CIBP on WL @ 4250 & cap w/35' cmt. - TAG Bottom PLUG
- (3) Pump 25 sx. plug dn. tbg. 1680'-1580'. (TAG W/TBG.)
- (4) Pump 25 sx. plug dn. tbg. 425'-325'. (TAG W/TBG.)
- (5) Pump 10 sx. plug @ surface.
- (6) Install dry hole marker.

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

SIGNATURE Frelan Fields TITLE Agent

DATE 9/15/00

TYPE OR PRINT NAME Frelan Fields

(915) 366-1852
TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MP