

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 88241-1980

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.
30-041-20558

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.)

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

2. Name of Operator
ENSEARCH EXPLORATION, INC.

3. Address of Operator
6 DESTA DR., STE. 5250 MIDLAND, TX 79705

4. Well Location
Unit Letter 1J 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 6 Township 5S Range 33E NMPM ROOSEVELT County

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

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.

3-18-96 - CIBP @ 8096'.

3-19-96 - CAP CIBP W/ 25 SXS CMT; TOC CALC 7856' - 6550'; SPOT 25 SXS CMT; CALC TOC @ 6350'.

3-20-96 - STUB PLUG 3430' W/35 SXS CMT W/ 2% CACL; WOC 3 HRS; TAG PLUG @ 3360'; SPOT 25 SXS; CALC TOC @ 3280'; JACK OMITTED PLUG 3100'; PMP 80 SXS CMT 2% CACL AT 2047'; TAG @ 1980'; SPOT 45 SXS CMT @ 1880'; CALC TOC @ 1980'; PMP 35 SXS CMT @ 400'; CALC TOC @ 300'; 10 SACK SURFACE PLUG.

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

SIGNATURE

TITLE AGENT

DATE 3-20-96

TYPE OR PRINT NAME JOEY D. FIELDS

TELEPHONE NO. (915)563-0430

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY