

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

WELL API NO. 30-041-20848
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name PERRY
8. Well No. 1
9. Pool name or Wildcat Tule-Pennsylvanian
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4382 GL

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator MARSHALL PIPE & SUPPLY COMPANY
3. Address of Operator 13423 Forestway Dr., Dallas, Texas 75240
4. Well Location Unit Letter M : 990 Feet From The South Line and 660 Feet From The West Line Section 23 Township T2S, Range R29E NMPM Roosevelt County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4382 GL

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.

Because of decreased Gas production, and increased saltwater production we ran a Tracer Log and found that we had a channel in the cement behind the casing in the Perry #1 from 7070' to 6948'.

We have advised all working interest owners of this problem and as soon as all approve of the remedial work we will perform a cement squeeze on this well.

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

SIGNATURE

J. W. Marshall

TITLE

Operator

DATE

8-2-90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG - 6 1990