

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Geology, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-00789

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-4109

7. Lease Name or Unit Agreement Name:

Hover State "B"

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

Kersey & Company

3. Address of Operator

P.O. Box 1248 Fredericksburg TX. 78624

8. Well No.

#1

9. Pool name or Wildcat

Maljamar G.G.S.A.

4. Well Location

Unit Letter A : 660 feet from the N line and 660 feet from the E line

Section 32 Township 17S Range 32E NMPM Lea County

10. Elevation (Show whether DR, 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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Plan to run 2 3/8" Tubing, pump and rods, set pump-jack. Will test well, if production can not be re-established, then will submit plugging procedure and plug well.

Will start when equipment and well service unit can be obtained, if possible by Dec. 31, 2001.

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

SIGNATURE Kenneth R Wade TITLE manager DATE 12-03-01

Type or print name Kenneth R Wade Telephone No. 830 997-7519
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: