

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.

30-025-05324

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-1384-1

7. Lease Name or Unit Agreement Name

New Mexico "M"

8. Well No.

1

9. Pool name or Wildcat

South Denton (Wolfcamp)

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

Bristol Resources Corporation

3. Address of Operator

6655 So. Lewis, Suite 200, Tulsa, OK 74136

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 36

Township 15S

Range 37E

NMPM

Lea

County

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

3755 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.

1. Set CIBP @ 9450' + and cap w/35' of cement.
2. Load hole with 9.0 PPG mud laden fluid.
3. Spot 100' cement plug at 7200'.
4. Cut 7" casing at 4200' + as determined free & POOH.
5. Spot 100' plug (40sx) at top of 7" casing.
6. Spot 100' plug (40sx) at 2225' (top of salt section).
7. Spot 10 sx plug in top at surface with a dry hole marker installed.

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

SIGNATURE

Dan R. Abney

TITLE Operations Superintendent

DATE 11/20/90

TYPE OR PRINT NAME

Dan R. Abney

(918) 492-7900
TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 27 1990