

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

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-21430

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
HAWKINS OIL & GAS, INC.

3. Address of Operator
400 S. BOSTON, SUITE 800 TULSA, OK. 74103

4. Well Location
Unit Letter **B** : **1980** Feet From The **EAST** Line and **660** Feet From The **NORTH** Line
Section **32** Township **16S** Range **37E** NMPM **LEA** 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.

PROPOSED WORK:

SET CIBP @ 6050' W/35' OF CMT
SPOT 100' PLUG @ 4050'-3950'
CUT & PULL 5-1/2" CSG @ 2100'
SPOT PLUG FROM 2050'-2150'
SPOT 100' PLUG ABOVE SALT
SPOT 100' PLUG 300'-400'
SPOT 50 SXS PLUG @ SURFACE
USE LADEN MUD FLUID BETWEEN PLUGS
INSTALL DRY HOLE MARKER

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE CIBP
TO BE APPROVED.

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

SIGNATURE *Delton Caddell* TITLE **MANAGER** DATE **3-12-97**

TYPE OR PRINT NAME **DELTON CADDELL** TELEPHONE NO. **505-392-6969**

(This space for State Use)

APPROVED BY *Gerry Syton* TITLE **DISTRICT 1 SUPERVISOR** DATE **MAR 12 1997**

CONDITIONS OF APPROVAL, IF ANY: