

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-05392
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE P
8. Well No. 6
9. Pool name or Wildcat Lovington Paddock
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> 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 K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line Section 32 Township 16S Range 37E NMPM LEA County

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:

TAG CIBP @ 6050'
SPOT 100' PLUG @ 3388'-3273'
SPOT 100' PLUG ABOVE SALT
SPOT 10 SXS CMT @ SURFACE
USE LADEN MUD FLUID BETWEEN PLUGS
INSTALL DRY HOLE MARKER

NEED 100' PLUG @ S.A

*WILL NEED PLUG FROM 350-250
8 1/2" WILL NEED TO BE PULLED OR
PULLED*

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

3-12-89

TYPE OR PRINT NAME **DELTON CADDELL**

TELEPHONE NO. **505-392-6969**

(This space for State Use)

APPROVED BY

TITLE

DATE

MAR 12 1989

CONDITIONS OF APPROVAL, IF ANY: