

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. <u>30-025-26361</u>
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
S.E. CONE JR.

3. Address of Operator
P.O. BOX 10321 LUBBOCK TX. 79408

4. Well Location
Unit Letter E : 2310 Feet From The NORTH Line and 330 Feet From The WEST Line

Section 35 Township 16-S Range R-38-E NMPM LEA County

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

7. Lease Name or Unit Agreement Name

8. Well No. #1

9. Pool name or Wildcat
Knobles-Devonian

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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. SET CAST IRON B.P. @ 12,300' PUMP 10 SKS 35' PLUG ON TOP OF C.I. B.P. DISPLACE W/ 10# BRINE WATER + GEL 49 BBLs, SET 100' PLUG @ 10,190 W/ 25 SKS CMT. DISPLACE W/ 39 BBLs W/ 10# BRINE + GEL, SET 100' PLUG @ 6300'. 25 SKS. CMT. DISPLACE W/ 10# BRINE WATER + GEL. 24 BBLs. CUT OFF 5 1/2 CSG @ 3739'. SET 100' PLUG @ 3790 40 SKS. 50' IN + 5' 0" OUT OF 5 1/2. TAG PLUG @ 3579 ON WIRE LINE + TBG. PUMP 100' PLUG 40 SKS @ 2017'. DISPLACE W/ BRINE WATER 10# + GEL. CUT 8 5/8 CSG @ 440' SET 120 SKS CMT 390' to 480' - TAG PLUG @ 310' DISPLACE HOLE W/ 10# BRINE + GEL. SET 10 SK CMT TOP @ 13 3/8. CUT WELL HEAD OFF, WELD PLATE + DRY HOLE MARKER ONTO 13 3/8. FILL CELLAR UP. CLEAN UP LOCATION + MOVE OFF ALL EQUIPMENT USE BACK HOE + GRADER TO LEVEL OFF LOC BACK TO NORMAL AS MUCH AS POSSIBLE.

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

SIGNATURE Donald W. Cobb TITLE CONSULTANT DATE 7-24-90

TYPE OR PRINT NAME DONALD COBB TELEPHONE NO. 915-689-4970

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: