

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.  
30-025-31072

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-3159

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  
Samedan Oil Corporation

3. Address of Operator  
10 Desta Drive, Suite 240 East, Midland, TX 79705

4. Well Location  
Unit Letter 6 : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 10 Township 16 South Range 33 East NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4206.6 GLE

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.

12/14/90 - Run 13 3/8" Texas Pattern Guide Shoe + insert float + 5 centrilizers on 9 joints of 13 3/8" 48# WC-40 ST&C (406.86') CSG. Set CSG @ 408.11'. Pumped 475 sxs class "C" cement w/2% CC. Displaced to 341'. Circulate 25 sxs to pit. P.D @ 6:00 p.m. WOC for 22 1/2 hrs. Pressure tested csg to 1000# for 30 min. Held OK.

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

SIGNATURE Judy Throneberry TITLE Division Production Clerk DATE 1-4-91

TYPE OR PRINT NAME Judy Throneberry TELEPHONE NO. (915)684-8491

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 14 1991

CONDITIONS OF APPROVAL, IF ANY: