

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

30-025-34034

5a. Indicate Type of Lease
State ☒ Fee ☐
5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Petroleum Development Corporation	8. Farm or Lease Name Warren State
3. Address of Operator 9720-B Candelaria, NE Albuquerque, NM 87112	9. Well No. 1
4. Location of Well UNIT LETTER P 1295 FEET FROM THE South LINE AND 880 FEET FROM THE East LINE, SECTION 35 35 TOWNSHIP T-15-S RANGE R-37-E NMPM.	10. Field and Pool, or Wildcat Denton, South
15. Elevation (Show whether DF, RT, GR, etc.) 3759 GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	

17. 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.

TD at 12817'. Ran 304 jts 5 1/2" 20# and 17# casing. Set packer shoe at 12807', DV tool at 10476'. Cemented 1st stage w/ 135 sx modified C1 "H". Opened DV tool and cemented w/ 500 sx modified C1 "H". Move out drilling rig.

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

SIGNED Chris Williams TITLE Agent DATE 10/15/97

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

TITLE _____ DATE _____

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

2020.01.10

2020.01.10

