

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103  
Revised 10-1

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. <input checked="" type="checkbox"/> OIL WELL <input 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 East THE LINE, SECTION 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 1193.

Drilled to 5005'. Ran 115 jts 8 5/8" 32# K-55 ST&C casing. Set at 5005'.  
Cemented w/ 1005 sx 35/65 Poz w/ .5% salt, 6% gel, 1/4# flocele and 200  
sx C1 "C" w/ 2% CaCl. WOC 12 hrs. Test 1000 psi.

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 8-19-97

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

SEP 4 1997