

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.	30-025-34279
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Carlisle State Com
8. Well No.	1
9. Pool name or Wildcat	

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 UMC Petroleum Corporation	
3. Address of Operator 410 17th St., STE 1400, Denver, CO 80202	
4. Well Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>16S</u> Range <u>35E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 3998'	

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.

The subject well was plugged and abandoned 5/17/98. Plugs were placed at the following intervals:

- 1) Mix and spot 100 sx "H" @ 10197'. WOC 6 hours tag plug at 10047'.
- 2) 45 sx "H" 8208' - 8108'.
- 3) 45 sx "H" 6249' - 6149'.
- 4) 40 sx "C" 4788' - 4688'.
- 5) 25 sx "C" 2051' - 1951'.
- 6) 25 sx "C" 497' - 397'.
- 7) 10 sx "C" @ surface.
- 8) ND BOP and riser spool.

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

SIGNATURE Scott M. Webb TITLE Regulatory Coordinator DATE 5/18/93

TYPE OR PRINT NAME Scott M. Webb TELEPHONE NO. (303) 573-4721

(This space for State Use)

APPROVED BY Billy Puckett TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

