

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 Street, Suite 1400, Denver, CO 80202

4. Well Location
Unit Letter K : 1650 Feet From The South Line and 1980 Feet From The West Line
Section 10 Township 16S Range 35E 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:

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.

2/13/98: Ran 13-3/8" 48# casing to 475'. Cemented with 475 sx class "C". Cemented to Surface. 5 centralizers placed at 5' above shoe, then every other joint. Tested casing to 500 PSI for 30 minutes, held OK.

2/23/98: Ran 8-5/8" 32# casing to 4750'. Cemented with 1875 sx 35/65 POZ tailed with 260 sx Class "C". Cement circulated to surface. Centralizers (10) placed 5' above shoe then every other joint up. Casing tested at 500 PSI for 30 minutes held OK.

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 6/1/98

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 21 1998