

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-34541
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dry Hole		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator David H. Arrington Oil & Gas, Inc		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 2071, Midland, Texas 79702		7. Lease Name or Unit Agreement Name: Prince Nymph
4. Well Location Unit Letter <u>I</u> : <u>2308'</u> feet from the <u>South</u> line and <u>943'</u> feet from the <u>East</u> line Section <u>29</u> Township <u>15S</u> Range <u>36E</u> NMPM County <u>Lea</u>		7. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3902' GL		8. Pool name or Wildcat Caudill-Permo Upper Penn

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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: Amended Report ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

2/4/00- Lay 6 drill collar's, trip in hole to bottom of casing. Trip in hole open ended. Circ.
Set 1st plug at 9865' cement w/35 sxs and lay down drill pipe.
Set 2nd plug at 8435' cement w/35 sxs and lay down drill pipe.
Set 3rd plug at 6345' cement w/35 sxs and lay down drill pipe.
Set 4th plug at 4969' cement w/70 sxs and lay down drill pipe. Circ. Tag plug at 4665' and lay down drill pipe.
2/5/00 Lay down drill pipe and set plug #5 @ 2210' cement w/35 sxs, plug #6 @ 528' cement w/35 sxs & plug #7 @ surface cement w/10 sxs. ND and RD. Rig released at 12:30 p.m.

59904
03/17/04
7:11 PM

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

SIGNATURE Chuck Sledge TITLE Engineer DATE 1/29/02

Type or print name Chuck Sledge

Telephone No. (915) 682-6685

(This space for State use)

APPROVED BY Billy E. Pruehan TITLE _____ DATE _____

Conditions of approval, if any:

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1. Type of Well:
Oil Well ☐ Gas Well ☐ Other ☒ Dry Hole

2. Name of Operator
David H. Arrington Oil & Gas, Inc

3. Address of Operator
P.O. Box 2071, Midland, Texas 79702

4. Well Location
Unit Letter I : 2308' feet from the South line and 943' feet from the East line
Section 29 Township 15S Range 36E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3902' GL

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: Amended Report <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

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KZ

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OTHER: ☐

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