

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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|---|
| WELL API NO. |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-2439 |
| 7. Lease Name or Unit Agreement Name Cockburn "B" State |
| 8. Well No. 1 |
| 9. Pool name or Wildcat Wildcat Maljamar SB-2A |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator Dallas McCasland |
| 3. Address of Operator P.O. Box 206 Eunice, NM 88231 | 4. Well Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 2 Township 18 South Range 33 East NMPM Lea County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |

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.

Before or after June 15, 1991 *will displace 7" csg w/mud, perforate 7" csg @ 1600' and circ cmt to surf. Displ csg w/mud to surf. Cut-off and install dry hole marker.

*as soon as rig available.

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

SIGNATURE [Signature] TITLE Operator DATE 5/29/91
TYPE OR PRINT NAME Dallas McCasland TELEPHONE NO. 393-2202

(This space for State Use)

ORIGINAL RETURNED BY JUNE 20 1991
DISTRICT I RECEIVED

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 20 1991

RECEIVED

JUN 19 1991

OFF
HONOLULU