

Submit 3 Copies
to Appropriate
District Office

STATE OF NEW MEXICO
Energy, Mineral and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-03150

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
22557

7. Lease Name or Unit Agreement Name
South Vacuum

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 ☐ GAS ☐
WELL ☒ WELL ☐ OTHER

2. Name of Operator
PALADIN ENERGY CORP.

8. Well No. 35-1

3. Address of Operator
10290 Monroe Dr., St. 301, Dallas, TX 75229

9. Pool name or Wildcat
S Vacuum Bone Springs

Unit Letter G : 1980 Feet From The North Line and 1980 Feet from The East Line
Section 35 Township 18S Range 35E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc)
3869'

Check Appropriate Box to Indicate Nature of Notice, Report, Or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRLG OPNS. ☐
CSG TST & CMT JOB ☐
OTHER ☐ Plug Back to Bone Springs ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work) SEE RULE 1103

2/19/99- 2/24/99 FISHING, could not retrieve fish.

2/25/99 Shut down operations due to collapsed casing. Evaluating options.

Note: Paladin will send in new procedure, as soon as decision is made.

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

SIGNATURE Ann Westberry TITLE Manager, Corporate Support DATE 3/1/99

Ann Westberry

214/654-0132

TYPE OR PRINT NAME TELEPHONE NO.
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: