

WATER CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
E-7723

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Energy Reserves Group, Inc.	8. Farm or Lease Name T P State
3. Address of Operator P. O. Drawer 2437, Midland, Texas 79702	9. Well No. 2-Y
4. Location of Well UNIT LETTER J 1980 FEET FROM THE South LINE AND 1880 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 18-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 3950 GL	12. County Lea

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 JOBS ☒
OTHER ☐

17. 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.

Spud 17 1/2" hole @ 1:00 P.M. on 3-27-80.
Set 13 3/8", 48#, H-40 casing @ 372' DFM. Cmdtd. w/375 sax Halliburton "C". Did not circ.
Plug down @ 12:00 midnight on 3-27-80. Fill from top w/3 1/2 yards of Ready Mix. WOC,
nipple up and install BOP - Total of 18 hrs. Tested BOP & 13 3/8" casing to 800 # for
30 minutes. Okay.

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

SIGNED R. L. Robertson TITLE Production Engineer II DATE March 31, 1980

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