

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

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

WELL API NO.

30-025-28998

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VB-0393

7. Lease Name or Unit Agreement Name

Sherry M. State

8. Well No.

1

9. Pool name or Wildcat

Airstrip Bone Springs

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

Westbrook Oil Corporation

3. Address of Operator

PO Box 2264 - Hobbs, NM 88240

4. Well Location

Unit Letter D : 330 Feet From The North Line and 660 Feet From The West Line

Section 35

Township

18S

Range

34E

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.

1. Set CIBP @ 9000' w/35' cement cap
2. Perforate 4-1/2" casing @ 6200' w/2 shots and circulate 690 sks cement up back side to 4000' covering San Andres & Queens zones leaving 100' cement plug from 6100' to 6200'.
3. Perforate San Andres w/2 shots per ft @ 5890-96 & 5900-04.
4. Frac w/12,000 gal gelled H₂O + 19,500 lbs 20-40 sand.
5. Swab treatment back & test well.

Work to start May 1, 1995.

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

SIGNATURE

TITLE

Office Manager

DATE 4/25/95

TYPE OR PRINT NAME

Barbara Wolfe

TELEPHONE NO. 505-393-9714

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 01 1995