

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

30-025-29454

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

NM-1487

7. Lease Name or Unit Agreement Name

state OG-2414

8. Well No.

#1

9. Pool name or Wildcat

E-K Yates=SR-Queen

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 ☒

OAS
WELL ☐

OTHER

2. Name of Operator

Seely Oil Company

3. Address of Operator

815 W. 10th St.

4. Well Location

Unit Letter E : 2310 Feet From The North Line and 660' Feet From The West Line

Section

87

Township

18S

Range

34E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4104 KB

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: Shut-in ☒

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.

Well was shut in on September 1, 1997.

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

SIGNATURE David L. Henderson TITLE Petroleum Engineer DATE 12/4/97

TYPE OR PRINT NAME David L. Henderson TELEPHONE NO. 817/332-1377

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 25 1998

CONDITIONS OF APPROVAL, IF ANY: