

Sub. N. 34-283-34283 To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Geology, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.

30-025-34283

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Lusk West Delaware Unit
(LWDU)

8. Well No.

909

9. Pool name or Wildcat

Delaware

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 Injection Well

2. Name of Operator

Prize Operating

3. Address of Operator

PO Drawer E, Kermit, TX 79745

4. Well Location

Unit Letter 1: 193L feet from the S line and 94L feet from the E line

Section 29

Township 19-S Range 32-E NMPM

County Lea

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

3526' 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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

cleaned out & acidize. Completed 7-26-00.

Attached is the chart from testing the pkr at completion of the work.

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

SIGNATURE David Hayes TITLE Production Foreman DATE 8-2-00

Type or print name David Hayes
(This space for State use)

Telephone No. 915-586-3926

APPROVED BY _____ TITLE GARY WINK DATE 8-2-00
Conditions of approval, if any: _____

FIELD REP #

JCS



