

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.

30-025-34746

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

VO 5572

7. Lease Name or Unit Agreement Name:

State

8. Well No.

1

9. Pool name or Wildcat

Arkansas Junction, Queen (Gas)

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

C. F. Qualia Operating, Inc.

3. Address of Operator

P. O. Box 991, Midland, Texas 79702

4. Well Location

Unit Letter L : 660 feet from the West line and 1675 feet from the South line

Section 1 Township 18S Range 36E NMPM Lea County

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

3789' GL 3799' 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: Spud and surface ☒

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 recompilation.

Spudded well 11/22/99 with 12 1/4" surface hole to 421', set 10 jts 8 5/8" 24# J-55, ST&C to 417', cemented with 215 sx. of PBCZ cnt. with 1/4# of flocele per sx., plug down, circ. out 20 sx. of cnt. WOC. Tested to 1500 psi-held.

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

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 12/01/99

Type or print name Ann E. Ritchie

Telephone No. (915) 684-6381

(This space for State use)

APPROVED BY [Signature] TITLE [Signature] DATE 12/27/99

Conditions of approval, if any: