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

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
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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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐
Name of Operator
Mid-America Petroleum, Inc.
Address of Operator
P. O. Box 2515, Midland, Texas 79701
Location of Well
UNIT LETTER G, 1980 FEET FROM THE north LINE AND 1650 FEET FROM
THE east LINE, SECTION 2 TOWNSHIP 19S RANGE 34E NMPM.

7. Unit Agreement Name
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8. Farm or Lease Name
New Mexico State
9. Well No.
3
10. Field and Pool, or Wildcat
East La Rica Morrow
12. County
Lea

15. Elevation (Show whether DF, RT, GR, etc.)
3973' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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 1105.

- 1) Move in and rig up Mid-America Drllg & Expl. Rig #3. Spudded 17-1/2" hole at 5:00 p.m. 6-21-82.
- 2) Drilled to 540'.
- 3) Set 13 jts. (547') 13-3/8" OD 48# H-40 ST&C casing at 540'. Cemented w/450 sacks Class C w/2% CaCl₂, 1/4# Flocele. Cement circulated to surface and circulated out 75 sacks. P.D. at 1:15 p.m. 6-22-82.
- 4) WOC 18 hrs. Cut off casing, installed head and BOP. Tested BOP and casing to 600 psi for 30 min., held okay.

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

SIGNED Ed Robinson Ed Robinson TITLE Drilling Engineer DATE June 23, 1982

APPROVED BY RECEIVED TITLE RECEIVED DATE JUN 23 1982
CONDITIONS OF APPROVAL, IF ANY: