

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.

50-025-28835

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

SCHARB 9

8. Well No.

5

9. Pool name or Wildcat

Scharb; 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

DALLAS PRODUCTION INC

3. Address of Operator

4600 Greenville Ave, Dallas, TX 75206-5038

4. Well Location

Unit Letter M

660

Feet From The

South

Line and

860

Feet From The

West

Line

Section 9

Township

19S

Range

35E

NMPM

Lea

County

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

3830' GR

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.

There is currently in the wellbore a CIBP at 9660' w/35 sx and cement retainer at 9130' - squeeze holes at 9180 - 9200'.

Freepoint 5 1/2" csg. (TOC 5100'). Pull and lay down csg.
Set 100' plug, 50' in and 50' out of 5 1/2" csg. stub. Tag plug.
Set 100' plug, 50' in and 50' out of 8 5/8" shoe at 4000'. Tag plug.
Set 100' plug at 2000'.
Set 100' plug at 500'.
Set 10 sx plug in top.
Install plugged hole marker.

NOTICED 24
RECEIVED
DEPARTMENT OF ENERGY
SANTA FE, NEW MEXICO
JUN 11 1996

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

SIGNATURE

Alan Ashley

TITLE

Regulatory Adm.

DATE

5-30-96

TYPE OR PRINT NAME

Alan Ashley

214-369-9266

TELEPHONE NO.

(This space for State Use)

APPROVED BY: *JOHN W. SEXTON*
TITLE: *DEPUTY COMMISSIONER*

APPROVED BY:

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 11 1996

