

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Ene 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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-29002
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name R.E. Graham 7
2. Name of Operator Helmerich & Payne, Inc.	8. Well No. 1
3. Address of Operator 1579 E. 21st Tulsa, OK 74114 (918) 742-5531	9. Pool name or Wildcat N. Young Bone Springs
4. Well Location Unit Letter I : 1980' Feet From The South Line and 660' Feet From The East Line Section 7 Township 18S Range 32E NMPM Sec. 8 Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3770.5' 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.

The well is being TA'd for economic reasons. The casing and tubing will be treated with corrosion inhibitor and the pumping unit will be shut down.

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

SIGNATURE Mark R. Thompson TITLE S. Region Prod. Superintendent DATE 11-5-99  
TYPE OR PRINT NAME Mark R. Thompson TELEPHONE NO. (918) 742-5

(This space for State Use)

APPROVED BY MARK R. THOMPSON

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: