

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, 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. 29636
30-025-2936

5. Indicate Type of Lease
STATE ☐ FEE ☒

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 ☐ GAS WELL ☐ OTHER Dry Hole (Re-entry)

2. Name of Operator
Chisos Operating, Inc.

3. Address of Operator
P. O. Box 10865, Midland, Texas 79702

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 15 Township 17-S Range 37-E NMPM Lea County

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

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.

We propose to plug and abandon this well with plugs set at the following depths:

Depth	Type	Remarks
8500'	CIBP w/4 sacks	Perfs. 8523-8584'
?	35 sacks	Across 4-1/2" Stub
6604-6704'	45 sacks	Top of Glorieta
4550-4450'	40 sacks	Across 8-5/8" Shoe
2230-2130'	30 sacks	Top of Salt
456-356'	30 sacks	Across 13-3/8" Shoe
Surface	10 sacks	

All plugs will be set thru tubing and be class "C" Neat Cement. The wellhead will be cut off 4' below the ground surface and a dry hole marker welded on.

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

SIGNATURE Ron Gilbreath TITLE Vice President-Operations DATE 8/30/90

TYPE OR PRINT NAME Ron Gilbreath (915) 686-9466 TELEPHONE NO.

(This space for State Use)

Orig. Stamp
Paul F. ...
Geologist

SEP 04

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 04 1990

OF
HOURS