

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-29708

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.)

7. Lease Name or Unit Agreement Name

W.F. CONE

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

TRIUMPH EXPLORATION

8. Well No.

3

3. Address of Operator

BOX 10280 MIDLAND TX 79702

9. Pool name or Wildcat

S. KNOWLES (DEVONIAN)

4. Well Location

Unit Letter I : 1830 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 12 Township 17 S Range 38 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.

2-14-02 SET C.I.B.P @ 11,900 W/ 25 SKS ON TOP TAGGED @ 11,714

SPOT 25 SKS @ 8950-8850

2-15-02 CUT PIPE @ 6000 NOT LOOSE SPOT 40 SKS @ 6050 TAGGED @ 5825

2-19-02 CUT 5 1/2 @ 4860 PULL CASING

2-20-02 SPOT 40 SKS 4910 TAGGED @ 4860

SPOT 40 SKS @ 4860 TAGGED @ 4720

2-21-02 SPOT 40 SKS 2265-2165

2-22-02 PERF @ 515 SQUEEZE 70 SKS TAGGED @ 397

CIRC MUD

INSTALL DRY HOLE PLATE

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

SIGNATURE

TITLE

DATE

2-22-02

TYPE OR PRINT NAME

JEFF KESTER

TELEPHONE NO. 915/547-2926

(This space for State Use)

APPROVED BY

TITLE

DATE

APR 03 2002

CONDITIONS OF APPROVAL, IF ANY:

COMPLIANCE OFFICER

GWW