

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. 30-025-30123
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. NM-752
7. Lease Name or Unit Agreement Name Atlantic State "30"
8. Well No. 1
9. Pool name or Wildcat Double "A"-Abo South

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 AUTRY C. STEPHENS	
3. Address of Operator c/o P.O. Box 5970, Hobbs, NM 88241	
4. Well Location Unit Letter B : 990 Feet From The NORTH Line and 1655 Feet From The EAST Line Section 30 Township 17S Range 36E NMMP LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3878.6 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

Plan to rig up early march '92. Pull tubing. Set 5 1/2" CIBP w/ 25x. cement on top on BP. Circulate hole w/ 9.3 gelled brine. TDH w/ tbg. Cut & pull 5 1/2" csg @ 5200'±. LD 5 1/2" csg. Spot 50 sx. cmt plug. 5150-5250'. Spot another cement plug 4900'-5000' (Top of SA 4946'). Pull up & spot 50 sx. cement plug 3550'-3650'. Pull up & spot 50sx cement plug 1800'-1900'. Spot 105x. plug @ surface. Cut off well head. Install dry hole marker. Cut off deadman. Clean up location, file final form w/ NMOCB.

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

SIGNATURE *[Signature]* TITLE Consulting Petroleum Engr. DATE 2/24/92

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

THIS INFORMATION MUST BE RECORDED 24 HOURS AFTER THE DATE OF RECEIPT OF THIS FORM FOR THE 1403 TO BE APPROVED.