

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.
30-625-32204

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V 2687

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
Marshall & Winston, Inc.

3. Address of Operator P.O. Box 50880
6 Desta Dr., Midland, Tx 79710 915-684-6373

4. Well Location
Unit Letter H : 2100 Feet From The North Line and 990 Feet From The East Line

Section 1 Township 19S Range 35E NMPM Lea County County

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

3840' GL

7. Lease Name or Unit Agreement Name

Ironhouse
Iron House

8. Well No. #1

9. Pool name or Wildcat
Wildcat

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 ☐
~~PLUG 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.

1. Change intermediate casing program from setting depth of 4000' to 1840'[±], Set in the Rustler Anhydrite. Cement with 500 sx light cement, tail in with 250 sx class "C" + 2% CaCl. Circulate cement to surface.

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

SIGNATURE

TITLE

AGENT

DATE

9/23/93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

SEP 27 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 24 1993

JOHN BOWEN
OFFICE