

Submit 3 Copies To Appropriate District Office.
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Geology, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

Well API NO.

~~12482~~ 30-025-12482

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Graham State NCT F

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 ☐ Disposal Well ☐

2. Name of Operator

Dynegy Midstream Services, Limited Partnership

3. Address of Operator

PO Box 67 Monument, NM 88265

8. Well No. 7

8. Pool name or Wildcat
96121

4. Well Location

Unit Letter O : 330 feet from the South line and 1650 feet from the East line

Section 36 Township 19S Range 36 E NMPM County Lea

10. Elevation (Show whether DR, 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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

2/20/2001

Pulled well and replaced tubing string. Pressure tested and returned to service. Dynegy notified and worked with Mr. E. L. Gonzales of the NMOCD for witnessing and regulation compliance.

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

SIGNATURE Cal Wrangham TITLE ES&H Advisor DATE 2/21/01

Type or print name Cal Wrangham

Telephone No. (915) 688-0542

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

FILED
FEB 21 2001
FBI - ALBUQUERQUE

JCS