

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.

30-025-30519

5. Indicate Type of Lease
FEDERAL ☒ 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
POWELL FEDERAL

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

BILL FENN, INC.

8. Well No.

1

3. Address of Operator

P. O. DRAWER 569, GIDDINGS, TEXAS 78942

9. Pool name or Wildcat

WILDCAT

4. Well Location

Unit Letter P : 660 Feet From The S Line and 660 Feet From The E Line

Section 4

Township 20 South

Range 34 East

NMPM

Lea

County

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

3632' GL

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: Eunice Plant Shutdown ☒

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.

Notice from Eunice Plant about a shutdown at 4:00 a.m. Wednesday, December 12 to 6:00 a.m. Thursday, December 13 because of problems with the treater. Verbal approval given to flare 25-30 MCF during the shutdown. Obtained verbal approval on December 11, 1990 from Jim Morrow.

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

SIGNATURE

Kimberly Morgan

TITLE Secretary

DATE 12/11/90

TYPE OR PRINT NAME

Kimberly Morgan

(409)542-9631

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JAMES SUTTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: