

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.  
30-025-07722

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

L.D. Jones

8. Well No.

1

9. Pool name or Wildcat

House Yates-7R South Gas

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 ☐

OAS  
WELL ☒

OTHER

2. Name of Operator

Zia Energy, Inc.

3. Address of Operator

P.O. Box 2510, Hobbs, NM 88241-2510

4. Well Location

Unit Letter H : 2310 Feet From The North Line and 330 Feet From The East Line

Section 1 Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3593' GR

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.

1. Move in and rig up equipment 5/11/98

2. Set CIBP @ 2900'. Circulate hole with brine gel mud - 10# brine and 25# gel per sack

3. Spot 25 sxs cl "c" cement @ 2900' - 2653'.

4. Spot 25 sxs cl "c" cement @ 404' - 157'.

5. Spot 10 sxs cl "c" cement @ 31' to surface.

6. On 5/12/98 - Cut off 3' below GL - install dry hole marker. Remove anchors and clean location.

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

SIGNATURE Farris Nelson

TITLE President

DATE 5/12/98

TYPE OR PRINT NAME Farris Nelson

TELEPHONE NO. 505/393-2937

(This space for State Use)

APPROVED BY

Larry W. Hill

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: