

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.

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

Zia Energy, Inc.

3. Address of Operator

P.O. Box 2219, Hobbs, NM 88241

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. It is proposed to rig up a well servicing unit and pull the tubing.
2. Set a CIBP at 2900' and dump 35' of cmt. on plug.
3. Load 5½" casing using 10³ brine and gel.
4. Remove bradenhead and casing head. Prepare a dry hole marker.
5. Set a surface plug. Remove all connections and clear location.
6. Following casing left in hole:
13 3/8" @ 329' w/ 350 SXS
8 5/8" @ 3146' w/ 1050 SXS
5 1/2" @ 7600' w/ 950 SXS

Need 100' plug 380'-280'

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

3/21/97

TYPE OR PRINT NAME

Farris Nelson

TELEPHONE NO. 505/393-2937

(This space for State Use)

ORIGINAL SIGNED BY DISTRICT SUPERVISOR

MAR 25 1997

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

