

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Mineral 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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-08795

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.)

7. Lease Name or Unit Agreement Name

State A A/C 2

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Raptor Resources, Inc.

8. Well No.

35

3. Address of Operator

P. O. Box 160430, Austin, Texas 78716-0430

9. Pool name or Wildcat

Eunice 7 Rvrs Queen, South

4. Well Location

Unit Letter D : 660 Feet From The North Line and 330 Feet From The West Line

Section 5 Township 22S Range 36E NMPM Lea County

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

3603' 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.

Estimated start date: 5/5/99

1. Load casing with 2% KCl water and corrosion inhibitor. (CIBP set at 3220')

2. Pressure test casing from surface to 3220' to 500 psi for 30 minutes.
(Record test on chart for OCD subsequent report.)

3. Temporarily abandon wellbore for future use.

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

SIGNATURE Joel Sisk TITLE Production Foreman DATE 4/22/99

TYPE OR PRINT NAME Joel Sisk (505) TELEPHONE NO. 394-2574

(This space for State Use)

ORIGINAL
COPY

APPROVED BY _____ TITLE _____ DATE 4/22/99

CONDITIONS OF APPROVAL, IF ANY:

1948

[illegible][illegible][illegible]

1. *Chlorophyll a* (Chl *a*)

1991

