

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.	30-025-08826
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State A AC 2
8. Well No.	20
9. Pool name or Wildcat	Jalmit Tansill Yates 7 Rvrs

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 Clayton William Energy, Inc.
3. Address of Operator Six Desta Drive, Suite 3000 Midland, Texas 79705	4. Well Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 7 Township 22S Range 36E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR ± 3604'	

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) Load 5-1/2" csg w/field salt water. (Cement retainer @ 3560')
- 2) Pressure tested csg from surface to 3560' to 500 psi for 30 minutes.
(Record test on chart for OCD subsequent report)
- 3) Temporarily abandon well for future use.

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

SIGNATURE Robin S. McCarley TITLE Production Analyst DATE 03/13/97
TYPE OR PRINT NAME Robin S. McCarley TELEPHONE NO. (915) 682-6324

(This space for State Use) ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE MAR 18 1997

CONDITIONS OF APPROVAL, IF ANY: