

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

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| WELL API NO. 30 025 08836 |
| Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| State Oil & Gas Lease No. |

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| 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.) | |
| Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | Lease Name or Unit Agreement Name STATE A A/C 2 |
| Name of Operator CLAYTON WILLIAMS ENERGY, INC. | Well No. 37 |
| Address of Operator SIX DESTA DRIVE, SUITE 3000, MIDLAND, TEXAS 79705 | Pool name or Wildcat EUNICE 7 RVRS QUEEN, SOUTH |
| Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>8</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>LEA</u> County | |
| Elevation (Show whether DF, RKB, RT, GR, etc.) | |

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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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: TEMPORARILY ABANDON ☒

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) LOADED 5-1/2" CASING WITH FIELD SALT WATER.
- 2) PRESSURE TESTED CASING FROM SURFACE TO 3110' TO 530 PSI FOR 30 MINUTES.
- 3) TEMPORARILY ABANDONED WELLBORE FOR FUTURE USE.

This Agreement of Temporary
Abandonment Expires 2-23-2004

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

SIGNATURE Marilyn Martin TITLE REGULATORY ANALYST DATE 10-23-98

TYPE OR PRINT NAME MARILYN MARTIN TELEPHONE NO. 915-682-6324

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SC6N

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