

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.

30-025-22245

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

Team Exploration

3. Address of Operator

c/o Oil Reports & Gas Services, Inc., P.O. Box 755, NM 88241-0755

4. Well Location

Unit Letter N : 660 Feet From The South Line and 2310 Feet From The West Line

Section 6 Township 20S Range 38E NMPM Lea County

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

3579 KB

7. Lease Name or Unit Agreement Name

McGarrity

8. Well No.

1

9. Pool name or Wildcat

Wildcat Yates Seven Rivers

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: Recomplete to Yates Seven Rivers ☒

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.

Work began 7/16/93. Set CIPB @3700 & capped with 35' cement.  
Perforated 2889, 90, 2913, 43, 77, 84, 3001, 02, 03 with 1 shot per  
interval. Treated with 50,000# sand, 300 bbls water, 40 tons CO<sub>2</sub>  
Flowed and pumped load. 8/27/93 pumped 4 bbls oil, 8 bbls water,  
80 MCF gas in 24 hours.

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

SIGNATURE Donna Holler TITLE Agent

DATE 9/3/93

TYPE OR PRINT NAME Donna Holler

(505)  
TELEPHONE NO 393-2727

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE

SEP 07 1993

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 17 1993

JOE ROBERTS  
OFFICE