

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.
30-025-22892

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
American Exploration Company

3. Address of Operator
1331 Lamar, Suite 900 Houston, Texas 77010

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 25 Township 21S Range 37E NMPM Lea County

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

3406 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.

Current Configuration:

9 5/8" @ 863', cmt'd w/500 sx, Circ to surf.
7" @ 7480', cmt'd w/650 sx.
Perfs - Abo 7187-7466'
Drinkard 6643 -7073'

Proposed Plugging Procedure:

1. Set CIBP @ 6600' & dump 35' cmt.
2. Load hole with mud
3. Cut off 7" @ 915'.
4. Spot 50 sx cmt 815' - 915'
5. Spot 3 sx cmt. 3' - 15'
6. Install well marker.

Set CIBP @ 7000' w/
35' cmt

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

SIGNATURE Melinda Mayse TITLE Regulatory Coordinator DATE 10/8/96
(713)
TYPE OR PRINT NAME Melinda Mayse TELEPHONE NO. 756-6338

(This space for State Use)

OCT 15 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: