

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

OL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-22943
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Royalty Holding
2. Name of Operator Parabo Inc	
3. Address of Operator P O Box 1737, Eunice NM 88231	
4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>21s</u> Range <u>37e</u> NMPM Lea County	8. Well No. <u>4</u>
9. Pool name or Wildcat SWD: San Anders	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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: Status ☐

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.

IN FEBRUARY, 1986 THE ABOVE MENTIONED WELL SITE WAS INSPECTED. THE WELL BORE WAS OPEN TO THE ATMOSPHERE WITH NO VALVE IN PLACE. A FLANGE AND VALVE WAS INSTALLED AT THAT TIME. THERE WERE NO PUMPS OR DRY MACKED ON LOCATION.

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

SIGNATURE Richard B. [Signature] TITLE Manager/Asst DATE _____
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 1 1997

CONDITIONS OF APPROVAL, IF ANY: