

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANITARY		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN EXISTING WELLS TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)		5a. Indicate Type of Lease State ☒ Fee ☐ 5. State Oil & Gas Lease No.
1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER- 2. Name of Operator COY. O INC. 3. Address of Operator P.O. Box 460, Hobbs, N.M. 88240 4. Location of Well UNIT LETTER <u>O</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>22S</u> RANGE <u>36E</u> N.M.P.M.		7. Unit Agreement Name 8. Farm or Lease Name <u>State E</u> 9. Well No. <u>11</u> 10. Field and Pool, or Wildcat <u>S. Eunice 7 Rivers Queen</u>
15. Elevation (Show whether DF, RT, CR, etc.) <u>3557' GR (est.)</u>		12. County <u>Lea</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐ PULL OR ALTER CASING ☐ OTHER ☐ CASING TEST AND CEMENT JOBS ☐ OTHER <u>Ran Surface csg.</u> ☒		SUBSEQUENT REPORT OF:
--	--	------------------------------

17. 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.

MIRU 4-15-83. Spud @ 2:15pm on 4-16-83. Run 24 jts. 8 5/8" 24# & 28# K-55 & H-40 ST&C Csg. Cmt. w/ 288 SXS. cl. "C" plus 6% gel. & 1/4#/sx flocele. Circ. 100 SXS. cmt. & some mud to surface. TD csg @ 997'. WOC 18hrs. Csg. tested to 700 psi for 30min.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>W. A. Butterfield</u> ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	TITLE <u>Administrative Supervisor</u>	DATE <u>4-19-83</u>
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____	DATE <u>APR 21 1983</u>

RECEIVED
APR 20 1983
HOBBS OFFICE