

OIL CONSERVATION DIVISION

2040 S. Pacheco
Santa Fe, New Mexico 87505

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 S. First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

DISTRICT IV

2040 South Pacheco, Santa Fe, NM 87505

WELL API NO.

30-025-29175

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1996

7. Lease Name or Unit Agreement Name

Bootleg Ridge 19 State

8. Well No.

1

9. Pool name or wildcat

Red Tank Bone Spring, East

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

C. W. TRAINER

3. Address of Operator

c/o OIL REPORTS & GAS SERVICES, INC., 1008 W. BROADWAY, HOBBS, NM 88240

4. Well Location

Unit Letter **D** : **990** Feet From The **NORTH** Line and **990** Feet From The **WEST** Line

Section **19** Township **22S** Range **33E** NMPM **LEA** County

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

3692.9 GL

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 & ABANDONMENT ☒

CASING TEST & 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.

Well P & A'd 4/10/00 as follows:

1. Set plug from 5114'-4920' w/75 sx Class "C" + 2% CaCl₂, tagged.
Hole circ'd w/479 bbls wtr w/25 #/bbl salt gel.
2. Set plug from 1844'-1700' w/50 sx Class "C".
3. Set plug from 744'-590' w/50 sx Class "C". Tagged @594'.
4. Set plug from 30' to surf. w/10 sx Class "C".

Plugging witnessed by NMOCD Hobbs Dist. Office

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

SIGNATURE

Gaye Heard

TITLE

AGENT

DATE

04/12/2000

TYPE OR PRINT NAME

Gaye Heard

TELEPHONE NO.

(505) 393-2727

(THIS SPACE FOR STATE USE)

APPROVED BY

TITLE

DATE

CONDITIONS APPROVAL, IF ANY:

