

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.

30-025-31267

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1996

7. Lease Name or Unit Agreement Name

White Lightnin'

8. Well No.

1

9. Pool name or Wildcat

Wildcat

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. Traniner

3. Address of Operator

c/o Oil Reports & Gas Service, Inc. Box 755, Hobbs, NM

4. Well Location

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section

19

Township

22S

Range

33E

NMPM

Lea

County

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: Field Operations ☒

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.

1/30/92 Rig up Pride Well Service. TP 300#, CP 300#.

Ran swab, found fluid level at 10,200. Swab

1/2 bbl oil 1st run. Second & third runs swab

dry. Rig down.

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 2/13/92

TYPE OR PRINT NAME Donna Holler TELEPHONE NO. 505-393-2727

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE FEB 14 '92

CONDITIONS OF APPROVAL, IF ANY: