

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.

Santa Fe, NM 87505

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

WELL API NO.

30-025-34086

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

Stevens & Tull, Inc.

3. Address of Operator

P.O. Box 11005, Midland TX 79702

7. Lease Name or Unit Agreement Name

KYTE

8. Well No.

6

9. Pool name or Wildcat

Undesignated House San Andres

4. Well Location

Unit Letter I : 2310 Feet From The South Line and 990 Feet From The East Line

Section 23 Township 20S Range 38E NMPM Lea County

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

3568 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.

8/11/97 - Spud 12 1/4" hole @ 6:45 p.m. MST. W/ Fresh water mud

8/12/97 - TD 12 1/4" hole @ 1623'. RIH w/ 45 jts of 9 5/8" - 36# J55 csg to 1623'.

8/13/97 - Cement w/ 435 SX "C" + 4% gel + 2% CAC12 - tail w/ 200sx "C" + 2% CAC12- circulated
84 sx to surface WOC - 12 hrs.

8/14/97 - Install H2S monitoring EQPT.

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

SIGNATURE Michael G. Mooney

TITLE Consulting Engineer

DATE 8/18/97

TYPE OR PRINT NAME Michael G. Mooney

TELEPHONE NO. 915-699-1410

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: