

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  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.	30-025-34420
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
Chesterfield	
8. Well No.	#1
9. Pool name or Wildcat	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3589 KB	

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"/>	2. Name of Operator Capataz Operating Inc	3. Address of Operator PO Box 10549, Midland, TX 79702
4. Well Location Unit Letter <u>H</u> : <u>2200</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>20S</u> Range <u>38E</u> NMPM <u>Lea</u> County <u></u>		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3589 KB		

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 ☐  
Production Casing-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.

Ran 191 Jts 7820.53' 15.5 & 17# 5-1/2" casing. Set @ 7798' and cemented w/ 1260 SX Poz"C" w/ 5% salt, .2% Antifoamer, 6% Gel, .25 PPS Celloflake and 630 SX 50/50 Poz "C" w/ 10% salt, .2% Antifoamer, 5% FL, 2% Gel. Estimated top of cement 1535'.

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

SIGNATURE

TITLE

Agent

DATE

7-31/98

TYPE OR PRINT NAME

H Scott Davis

915-682-7664

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

REV 0 6 1998