

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.
30-025-35333

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
Capataz Operating Inc

3. Address of Operator
PO Box 10549, Midland, TX 79702

4. Well Location
Unit Letter J : 2460 Feet From The South Line and 2310 Feet From The East Line

Section 2 Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3566 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: Run & cement 8-5/8" & 5-1/2" csg ☒

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.

MIRU and spud 01/14/01. Drilled 12-1/4" hole to 1625'. Ran 1625' 8-5/8" 24# casing and cemented w/ 570 sx Class "C" w/ 4% gel, 2% CaCl and 225 SX Class "C" w/ 2% CaCl. Circulated out 140 SX. WOC 18 hrs. Drilled 7-7/8" hole to 7839'. Conditioned hole. Ran Open Hole Log suite. Ran 7838' 5-1/2" 15.5 & 17# casing. Cemented w/ 635 SX 35/65 Poz "C" w/ 5% salt, 6% gel, .25 pps cello-flake and 670 SX 50/50 Poz "C" Gasclock. RDMO drilling rig 02/03/01.

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

SIGNATURE H Scott Davis TITLE Agent DATE 03/23/01
TYPE OR PRINT NAME H Scott Davis 915-620-8820
TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: