

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-03534

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
ES-892

7. Lease Name or Unit Agreement Name:

Gulf State

8. Well No.

2

9. Pool name or Wildcat

San Simon Yates North Assoc

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

Estate of G. P. Sims

3. Address of Operator

Box 1046, Eunice, New Mexico 88231

4. Well Location

Unit Letter L : 1980 feet from the South line and 660 feet from the West line

Section 33 Township 21S Range 35E NMPM County Lea

10. Elevation (Show whether DR, 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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

A cast iron bridge plug will be set at 3770' to test for T/A.

THE COMMISSION MUST BE NOTIFIED 24 HOURS AHEAD OF THE BEGINNING OF PLANNING OPERATIONS FOR THE OIL TO BE APPROVED.

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

SIGNATURE Aline Sims TITLE Personal Representative DATE 10-29-01

Type or print name Aline Sims

Telephone No(505) 394- 3357

(This space for State use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY _____ DATE

Conditions of approval, if any:

GARY W. WINK
NATURAL SCIENCE MANAGER - 2

NOV 06 2001