

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

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-02504789

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
NM B-935

7. Lease Name or Unit Agreement Name:

New Mexico State G

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
Joe Melton Drilling Co., Inc.

8. Well No. 14

3. Address of Operator
P.O. Box 4203 Midland, Texas 79704

9. Pool name or Wildcat

Elmwood

4. Well Location

Unit Letter F : 1980 feet from the North line and 1980 feet from the West line

Section 26 Township 21S Range 36E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3540' 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 ☐ 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.

Placed well on plunger lift.
Production improved to 9 Bbls. oil, 1 Bbl. water, 158 Mcf per day average.
Please increase allowable accordingly.

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

SIGNATURE Karen Allen TITLE Secretary DATE 5/9/00

Type or print name Karen Allen

Telephone No. 915 682-5461

(This space for State use)

ORIGINAL SIGNATURE BY JAMES WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: