

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-27135

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L-5012

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
Hunt Oil Company

3. Address of Operator
1445 Ross at Field - Dallas, Texas 75202-2785

4. Well Location
Unit Letter T : 660 Feet From The West Line and 2310 Feet From The South Line

Section 4 Township 21 S Range 34 E NMPM Lea County

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

3,730' GR 3,746' DF

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: Abandon the Bone Springs & Recomplete ☒
in the Delaware

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. Work was done from 4-1-90 to 4-11-90

Wellbore Specifications Prior to Referenced work.

13-3/8" set at 1,113'; cement circulated to surface.

9-5/8" set at 5,737'; cement circulated to surface. DV Tool at 3,824'.

7" set at 11,430'; original TOC at 6,050' by CBL.

5" liner set at 11,144' to 14,315'; TOC at top of liner.

Open perforations at 9,556' - 9,626'.

PBTD is at 10,950' +/-.

For abandonment and recompletion, please see the attached workover log.

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

SIGNATURE Tim Friesenhahn TITLE Agent DATE May 9, 1990

TYPE OR PRINT NAME Tim Friesenhahn TELEPHONE NO. (915) 335-508

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE MAY 15 1990

CONDITIONS OF APPROVAL, IF ANY: