

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.	30-025-33061
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-3523
7. Lease Name or Unit Agreement Name	Abe Unit
8. Well No.	1
9. Pool name or Wildcat	Legg Atoka Morrow
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3661' GR	

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Santa Fe Energy Resources, Inc.	
3. Address of Operator 550 W. Texas, Suite 1330, Midland, TX 79701	
4. Well Location Unit Letter 0 : 760' Feet From The South Line and 1980' Feet From The East Line	
Section 28 Township T-21-S Range R-33-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3661' 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: ☐

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.

8/25/95: Spud 17-1/2" hole at 11:00 p.m. Drlg ahead.
8/29/95: TD 17-1/2 hole at 1650'. RU to run casing.
8/30/95: Ran 37 jts 13-3/8" 54.5# K-55 LT&C casing and set at 1650'. Cmt'd casing w/ 1500 sx C1 "C" containing 6% gel, 2% CaCl2 & 1/4 pps Flocele. Tail w/ 300 sx C1 "C" + 2% CaCl2.
PD @ 7:40 a.m. Circulated 300 sx to surface. WOC. Cut casing off and weld on casinghead.
8/31/95: NU BOPs and test to 600 psi, ok. PU BHA. RIH & test rams to 600 psi, ok. WOC for a total of 25-1/2 hours. Drlg formation.

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

SIGNATURE Terry McCullough TITLE Sr. Production Clerk DATE 9/06/95

TYPE OR PRINT NAME Terry McCullough TELEPHONE NO. 915-687-3551

(This space for State Use)

ORIGINAL SIGNED BY DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 13 1995

CONDITIONS OF APPROVAL, IF ANY: