

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 88241-1980

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. 30-025-34146
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Abe Unit
8. Well No. 2
9. Pool name or Wildcat Undesignated Leqq Atoka (Morrow)

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 <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>21-S</u> Range <u>33-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3703' GL	

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: Request SI status ☒

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.

6/15/98: This well was 4-pt. tested on 3/25/98, and appropriate completion forms were filed. Following the 4-point, this well was shut-in and remains shut-in due to low gas volume. It is requested that a shut-in status be granted to this well for one year.

A packer leakage test will be submitted.

Grate until 3/25/1999

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 June 15, 1998
TYPE OR PRINT NAME Terry McCullough TELEPHONE NO. 915-687-3551

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY 5 TITLE 6 DATE AUG 31 1998
CONDITIONS OF APPROVAL, IF ANY: