State of New Mexico Submit 3 Copies To Appropriate District Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-34971 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 😠 1000 Rio Brazos Rd., Aztec, NM 87410 FEE Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Outland State Unit 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 8. Well No. Santa Fe Snyder Corporation 3. Address of Operator 9. Pool name or Wildcat 550 W. Texas, Suite 1330, Midland, TX 79701 Wilson Morrow Gas 4. Well Location 1330 660 \_\_feet from the\_ North line and feet from the line 12 Township 215 Range **NMPM** County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 37051 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: Spud & Set surface casing OTHER: X 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. 6/8/00 Spud well @ 3 pm. Drill 17 1/2" hole to 1400'. GIH W/ 32 jts 13 3/8" 54.5 & 61# J-55 casing set @ 1400'. Shoe set @ 1400' and float set @ 1350'. Lead cement 700 sx class C 35-65-6 + 5% salt + CF. Tail cement 200 sx Class C + 2% CaCl. Circulate 165 sx to surface. WOC I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Specialist DATE 7-7-00 Type or print name Bill R. Keathly Telephone No. 915-686-6612 (This space for State use) DATE\_\_\_\_ APPROVED BY\_

Conditions of approval, if any:

