

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-025-08128-~~00-00~~

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
NM 37498

7. Lease Name or Unit Agreement Name:

James Federal

8. Well No.

1 SWD

9. Pool name or Wildcat
Delaware

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

Tempo Energy Inc.

3. Address of Operator

PO Box 1034 Midland, TX 79702

4. Well Location

Unit Letter A: 660' feet from the North line and 660' feet from the East line

Section 35

Township 23-S

Range 32-E

NMPM

County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3692

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 recompletion.

1. Use backhoe & dumptruck to remove approx 5 to 7 yards of contaminated soil.

2. Take to OCD approved land fill.

3. Wait 30 days & take a soil sample with OCD Supervisor.

4. Depending on results - Cover pit or repeat.

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

SIGNATURE

Frank Pannell

TITLE

Vice President

DATE

7-15-02

Type or print name Frank Pannell

Telephone No. 915-689-2951

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any: