

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, Artesian, 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.	30-025-09282
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	

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	7. Lease Name or Unit Agreement Name State A AC 1
2. Name of Operator Clayton Williams Energy, Inc.	8. Well No. 12
3. Address of Operator Six Desta Drive, Suite 3000 Midland, Texas 79705	9. Pool name or Wildcat Jalmat Tansil Yates 7 Rvrs
4. Well Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>23S</u> Range <u>36E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) DF - 3472'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER: ☐	OTHER: Temporarily Abandoned ☒

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.

10/10/94

1) CIBP set @ 3100'

2) 35' cement dump bailed on CIBP.

3) Loaded and tested casing to 580 psi for 30 minutes. (See attached chart)

Temporarily Abandoned wellbore for future use

This Approval or Temporary Abandonment Expires 10-15-99

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

SIGNATURE Robin S. McCarley TITLE Production Analyst DATE 10/18/94
TYPE OR PRINT NAME Robin S. McCarley TELEPHONE NO. 682-6324

(This space for State Use)

00101 1994

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

10-10-94

9:00 A

State A' AIC 1 12

No Leak off in 30 min.

10-10-94

9:30 A