

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30 025 09295
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name STATE A A/C 1
Well No. 81
Pool name or Wildcat LANGLIE MATTIX 7 RVRS QUEEN GB

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator CLAYTON WILLIAMS ENERGY, INC.	
Address of Operator SIX DESTA DRIVE, SUITE 3000, MIDLAND, TEXAS 79705	
Well Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>10</u> Township <u>23S</u> Range <u>36E</u> NMPM <u>LEA</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3483 GR	

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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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

ESTIMATED START DATE: 10/08/98

- 1) LOAD 7" CASING WITH FIELD SALT WATER. (CIBP SET AT 3625' W/35' CEMENT.)
- 2) PRESSURE TEST CASING FROM SURFACE TO 3625' TO 500 PSI FOR 30 MINUTES.
(RECORD TEST ON CHART FOR OCD SUBSEQUENT REPORT.)
- 3) TEMPORARILY ABANDON WELLBORE FOR FUTURE USE.

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

SIGNATURE Marilyn Martin TITLE REGULATORY ANALYST DATE 10-05-98
TYPE OR PRINT NAME MARILYN MARTIN TELEPHONE NO. 915-682-6324

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT DIRECTOR

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