

3 Copies
appropriate
to Office

State of New Mexico
Energy, Mineral and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
Box 1980, Hobbs, NM 88240

DISTRICT II
O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-09358
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.)

7. Lease Name or Unit Agreement Name STATE A AC 1
8. Well No. 39
9. Pool name or Wildcat JALMAT TANSILL YATES 7 RVRS

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER
2. Name of Operator CLAYTON WILLIAMS ENERGY, INC.
3. Address of Operator SIX DESTA DRIVE, SUITE 3000 MIDLAND, TEXAS 79705
4. Well Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 17 Township 23S Range 36E NMMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
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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 ☐
TEMPORARILY ABANDON ☒	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

- 1) PACKER SET AT 3300'.
- 2) PRESSURE TEST TO 525 PSI FOR 30 MINUTES.
- 3) TEMPORARILY ABANDON WELL 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 6/8/98

TYPE OR PRINT NAME MARILYN MARTIN TELEPHONE NO. 915-682-6324

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE SEP 21 1998

CONDITIONS OF APPROVAL, IF ANY:

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