

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 10712

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name

STATE A A/C 1

Well No.

79

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 ☒

GAS

WELL ☐

OTHER

Name of Operator

CLAYTON WILLIAMS ENERGY, INC.

Address of Operator

SIX DESTA DRIVE, SUITE 3000, MIDLAND, TEXAS 79705

Well Location

Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 14 Township 23S Range 36E NMPM LEA County

Elevation (Show whether DF, RKB, RT, GR, etc.)

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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: TEMPORARILY ABANDON ☐

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) LOADED 7" CASING WITH FIELD SALT WATER.
- 2) PRESSURE TESTED CASING FROM SURFACE TO 3400' TO 510 PSI FOR 30 MINUTES.
- 3) TEMPORARILY ABANDONED 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 10-23-98

TYPE OR PRINT NAME

MARILYN MARTIN

TELEPHONE NO. 915-682-6324

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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