

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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"/>	Lease Name or Unit Agreement Name STATE A/C 1
Name of Operator CLAYTON WILLIAMS ENERGY, INC.	Well No. 79
Address of Operator SIX DESTA DRIVE, SUITE 3000, MIDLAND, TEXAS 79705	Pool name or Wildcat LANGLIE MATTIX 7 RVRS QUEEN GB
Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>14</u> Township <u>23S</u> Range <u>36E</u> NMPM <u>LEA</u> 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: ☐

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 3400' W/35' CEMENT.)
- 2) PRESSURE TEST CASING FROM SURFACE TO 3400' 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 CURIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 22 1998

CONDITIONS OF APPROVAL, IF ANY: