

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, Artesia, 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. 25-23964
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-229
7. Lease Name or Unit Agreement Name Gulf State Cookie
8. Well No. 1
9. Pool name or Wildcat Jalmit Tansill Yates 7Rvrs.
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3437.2' GR - 3448.7' KB

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Sol West III
3. Address of Operator C/O Michael Shearn, P. O. Box 10151, El Paso, TX 79928	4. Well Location Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East Line Section 21 Township 23-S Range 36-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3437.2' GR - 3448.7' KB	

11. 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 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.

Plan to perforate interval 3272' to 3276' with one shot per foot and acidize interval with 5,000 gallons of 15% HCL acid.

Estimated starting date October 19, 1990.

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

SIGNATURE Charles C. Joy TITLE Agent DATE 10-11-90  
TYPE OR PRINT NAME Charles C. Joy TELEPHONE NO. 746-2480

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: