

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.	30-025-27805
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	LG 0189
7. Lease Name or Unit Agreement Name	
PRONGHORN STATE	
8. Well No.	1
9. Pool name or Wildcat	
NW ANTELOPE RIDGE (BONE SPRINGS)	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3404.6' GR	

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator

J.C. WILLIAMSON

3. Address of Operator

P.O. BOX 16 MIDLAND TX 79702

4. Well Location

Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 9 Township 23-S Range 34-E NMPM LEA County

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.

RIH SET CIBP @7650' CAP W/35' CMT.
CIRC HOLE W/10 # BRINE + 25# SALT GEL/BBL
PULL OFF TIW SEAL ASSEMBLY LAY DOWN 7553' 5-1/2 CSG.
RIH W/TBG SPOT40 SX CMT PLUG.
LAY DOWN TBG TO 4990' SPOT 100' CMT PLUG.
LAY DOWN TBG TO 4600' SPOT 100' CMT PLUG.
LAY DOWN TBG TO 1500' (TOP OF SALT) SPOT 100' CMT PLUG.
LAY DOWN TBG MIX 10 SX SURF. PLUG
CUT OFF WELL HEAD INSTALL DRY HOLE MARKER.

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

SIGNATURE C.A. Spann TITLE SUPERVISOR DATE 5-7-90

TYPE OR PRINT NAME C.A. Spann TELEPHONE NO. 915-3624324

(This space for State Use)

APPROVED BY R.A. Leder TITLE OIL & GAS INSPECTOR DATE JUL 31 1990

CONDITIONS OF APPROVAL, IF ANY:

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RECEIVED

MAY - 8 1966

OCE
HOBBS OFFICE