

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.

30-025-27830

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

001913 Property Code

7. Lease Name or Unit Agreement Name

Aminoil Federal

8. Well No.

1

9. Pool name or Wildcat Pool Code:

33820

Jalmat Yates 7 Rivers

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

Beach Exploration, Inc.

3. Address of Operator

800 N. Marienfeld Ste. 200 Midland, Texas 79701

4. Well Location

Unit Letter H : 330 Feet From The East Line and 1650 Feet From The North Line

Section 1 Township 23S Range 35E NMPM Lea County

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

3489 GL

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: Venting of Casinghead gas ☐

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.

Beach Exploration, Inc. respectfully request exception to Rule 306 due to plant shut down on GPM Eunice Plant from April 28th, 1997 to May 1, 1997.

Well produces approximately 2 MCFPD

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

SIGNATURE Barbara Watson TITLE Production DATE 4-14-97

TYPE OR PRINT NAME Barbara Watson 915/683-6226 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP

APR 18 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: