

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico

Geology, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

WELL API NO.

30-025-08317

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-6622

7. Lease Name or Unit Agreement Name
NORTH EL MAR UNIT

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
QUAY VALLEY, INC

8. Well No. 53

3. Address of Operator P. O. BOX 10280 MIDLAND TX 79702-7280

9. Pool name or Wildcat
EL MAR; DELAWARE

4. Well Location

Unit Letter E 542 feet from the SOUTH line and 330 feet from the WEST line

Section 36

Township 26S

Range 32E

NMPM

County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3101 RT

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

QUAY VALLEY, INC. WOULD LIKE TO KEEP THIS WELL IN "TA" STATUS. A MICRO-EMULSION PROGRAM HAS BEEN APPROVED BY THE OIL CONSERVATION DIVISION AND WE ARE WAITING TO GET SOME RESULTS FROM A PILOT PROGRAM SO THAT IT CAN BE DETERMINED WHETHER THIS WELL SHOULD BE REACTIVATED.

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

SIGNATURE Juanita F. Michaelis

TITLE PRODUCTION ANALYST

DATE 06/26/2001

Type or print name JUANITA F. MICHAELIS

Telephone No. (915)687-4220

(This space for State use)

APPROVED BY _____ TITLE _____

DATE 6/26/01

Conditions of approval, if any: