

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. 30-025-08317 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E-6622 |
| 7. Lease Name or Unit Agreement Name North El Mar |
| 8. Well No. # 53 |
| 9. Pool name or Wildcat El Mar Delaware |

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.

3. Address of Operator
P. O. Box 10280, Midland, Texas 79702

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 Lea County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒
PULL OR ALTER CASING ☐
OTHER: ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

February 6, 1997: Request TA Approval. Planning stage to test casing,
Will contact Hobbs Division to coordinate time and date.

RECEIVED
FEB 11 9 28 AM '97
BUREAU OF LAND MANAGEMENT
SANTA FE, NM

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

SIGNATURE [Signature] TITLE Corporate Secretary DATE Feb. 6, 1997

TYPE OR PRINT NAME Stella Swanson

TELEPHONE NO. 915/687-4220

(This space for State Use)

ORIGINAL SIGNED BY [Signature]

APPROVED BY [Signature] TITLE [Signature] DATE Feb 24 1997

CONDITIONS OF APPROVAL, IF ANY: