

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.

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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  
Tenison Oil Company

3. Address of Operator  
8140 Walnut Hill Lane, Suite 601, Dallas, TX. 75231

7. Lease Name or Unit Agreement Name

J. L. Coates

8. Well No. 3 (D)

9. Pool name or Wildcat  
Jalmat *Tanilla Yates SR*

4. Well Location  
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line  
Section 10 Township 24S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3393 - Gr.

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.

Estimated start date - 9-Aug-1991

1. Pull rods, pump & tubing.
2. Acid wash present perforations from 3476 to 3524'.
3. Fracture perforations 3476 to 3524'.
4. Clean up and test well.
5. If results are not satisfactory, perforate selected intervals from 3278 to 3460'.  
Acidize & fracture.
6. Clean up and test well.
7. Put well on production.

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

SIGNATURE *[Signature]* TITLE Operations Manager DATE 8/7/91

TYPE OR PRINT NAME

TELEPHONE NO 214-363-5005

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: