

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. <u>30-025-10840</u>
5. Indicate Type of Lease STATE ☐ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>Elma Hunt</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>LARIE PLATTIX (Queen)</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <u>DALE Hoopes</u>	
3. Address of Operator <u>410 E. Madine Road, Hobbs, N.M. 88240</u>	
4. Well Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>23-S</u> Range <u>37-E</u> NMPM <u>LEA</u> 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

11-23-99 Set C13P @ 3400' 5 sxs on top
11-24-99 Perf @ 1200' could not pump into perf's
Spot 25 sxs @ 1250' - 1050'
11-24-99 Perf @ 350' - could not pump into perf's
Spot 2 sxs @ 400' - 200'
11-24-99 Spot 5 sxs @ 30' surface

Install Dry Hole Marker - Cir. 10" H mud

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

SIGNATURE _____ TITLE _____ DATE _____
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY [Signature] TITLE Asst Rep DATE 2-25-03
CONDITIONS OF APPROVAL, IF ANY:

5.6.13
dp