

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.
30-025-12415

5. Indicate Type of Lease
Federal STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
NMNM0349956

7. Lease Name or Unit Agreement Name

CE PENNY FED. NCT-4

8. Well No.

2

9. Pool name or Wildcat

Langlie Mattix SWD
Seven 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 Salt water disposal

2. Name of Operator
CENTRAL RESOURCES, INC.

3. Address of Operator
550 West Texas, Suite 430, Midland, TX 79701

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1650 Feet From The West Line
Section 19 Township 25S Range 38E 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 ☐ 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: Change to T&A'd status ☐

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.

- 1.) 6/11/97 moved on service rig.
- 2.) Released and pulled out of hole w/ AD-1 5 1/2" packer laying down 102 jts 2 7/8" internally plastic coated tubing.
- 3.) 6/12/97 set cast iron bridge plug @ 3130' w/ wireline.
- 4.) Dump bailed 35' cement (4 sacks) on top of plug.
- 5.) 6/14/97 tested casing to 525 psi for 30 mins. Held OK.
- 6.) Witnessed by Chris Williams w/ OCD.

This Approval of Temporary
Abandonment Expires 6/14/2000

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

SIGNATURE Tricia Barnes TITLE Engineering Tech. DATE 6/19/97

TYPE OR PRINT NAME Tricia Barnes TELEPHONE NO. 915-570-9013

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

TC RSG 600m

dp

