

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. 30-025-21724
5. Indicate Type of Lease FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. Federal LC064118

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 ☐ WIW

2. Name of Operator  
PLAINS PETROLEUM OPERATING COMPANY

3. Address of Operator  
415 W. WALL, Suite 1000 Midland, TX 79701

4. Well Location  
Unit Letter E : 1340 Feet From The North Line and 1200 Feet From The West Line  
Section 35 Township 23S Range 37E NMPM Lea County

7. Lease Name or Unit Agreement Name

Eva<sup>V</sup> Blinebry

E

8. Well No.  
15

9. Pool name or Wildcat  
Langlie Mattix 7Rvrs Qn, Grbg

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: ☐

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.

See attachment/report

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

SIGNATURE Bonnie [Signature] TITLE Administrative Assistant DATE 11-8-95

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

JOHN L. JENKINSON  
SIXTH FLOOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 13 1995

CONDITIONS OF APPROVAL, IF ANY:

JCR