

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.
30-025-27212

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
Tahoe Energy, Inc.

3. Address of Operator
3909 W. Industrial Ave., Midland, Texas 79703

4. Well Location
Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West Line
Section 33 Township 23S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3415.5

7. Lease Name or Unit Agreement Name

WHITTEN

8. Well No.
1

9. Pool name or Wildcat
Jalmat Tansill Yates 7 River

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.

Plug #1

(1) Set CIBP @ 3200', with 35' cmt. Cap on top of bridge plug.

Plug #2

(2) 20 sacks cmt. plug @ 1200' - 1400' in 5 1/2" casing.

Plug #3

(3) 10 sacks cmt. plug @ surface - 100' in 5 1/2" casing.

(4) Install marker in top of well.

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

SIGNATURE Kenneth A. Freeman TITLE President DATE Aug. 9, 1995

TYPE OR PRINT NAME Kenneth A. Freeman TELEPHONE NO. 915-697-7938

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 11 1995