

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
Box 1980 Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO 30-025-27998
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. LG - 0819-1

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.)

Type of Well
OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
William H. Brinnstool

Lease Name or Unit Agreement Name
Shearn - State

Well No
1

Address of Operator
P.O. Box Drawer A, Jal, New Mexico 88252

Pool name or Wildcat
Scarborough Yates 7-River

Well Location
Unit Letter G Section 544 Township 26-S Range 37 E NMPM Lea County
Feet From The South Line and 1980 Feet From The East Line

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

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 ☐
OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

- 1-7-99 Set CIBP @2900 dump bailed 3 sx. cmt. on top of CIBP TOC @ 2857
- 1-7-99 circulate hole w/ 9.8 mud laden fluid from 2850 to surface cut and pull 4 1/2 @ 1305
- 1-8-99 RIH to 1350 circulate hole up w/ 9.8 mud spot 80 sx. clas "C" neat cmt. woc. 4 hrs. tag cmt. @ 1062
- 1-8-99 circulate 10 sx. cmt. from 31 ft. to surface
- 1-11-99 cut off well head install dry hole marker

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

Signature: Roger Brooks TITLE: cementer

DATE: 01-12-99

WELL OPERATOR NAME: Roger Brooks

TELEPHONE NO: 915-6848890

(This space for State Use)

PROVED BY:

Signature: Tamy D. Lill TITLE: COMPLIANCE OFFICER

DATE:

MAY 21 2002

GWW

myt