

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.

30-025-34246

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Stevens "11"

8. Well No.

1

9. Pool name or Wildcat

Wildcat

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

Santa Fe Snyder Corporation

3. Address of Operator

550 W. Texas, Suite 1330, Midland, TX 79701

4. Well Location

Unit Letter K : 1980 feet from the South line and 1980 feet from the West line

Section 11 Township 24S Range 33E NMPM County Lea

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

3621' GR

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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Santa Fe Snyder wishes to perform a casing integrity test in preparation to Temporarily Abandon this well.

A packer is set @ 13,906'.

The casing will be pressure tested to 500# for 30 min. and a chart will be cut.

The NMCD will be notified 48 hours prior to doing this work.

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

SIGNATURE Bill R. Keathly

TITLE Regulatory Specialist

DATE 12-28-99

Type or print name Bill R. Keathly

Telephone No. 915/686-6612

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any: