State of New Mexico

Form C-103

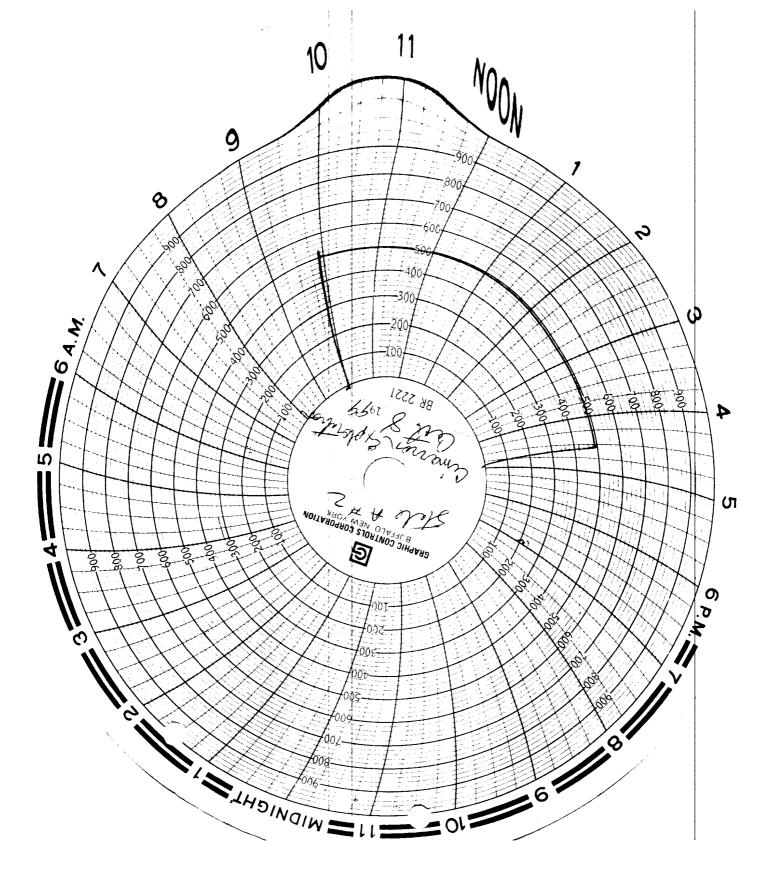
Submit 3 Copies Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-21231 Santa Fe, New Mexico 87504-2088 <u>DISTRICT II</u> 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL X State A OTHER 8. Well No. 2. Name of Operator **CIMARRON EXPLORATION COMPANY** No. 2 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1592, Roswell, New Mexico 88202-1592 Stateline Ellenburger Well Location _ Feet From The North 2092 East Unit Letter _C 752 Feet From The Line and Township 24-S 38-E **NMPM** Lea County Range Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,293 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMEN **CHANGE PLANS** COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND GROWEN XXXIII X PULL OR ALTER CASING OTHER: 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. 08-Oct-99. Mechanical Integrity Test scheduled to retain Temporarily Abandoned status of well. Received verbal approval from OCD-District I to proceed with test without witness. Tested casing to 495# for 30 minutes. Tested good. Chart attached.

mplete to the best of my knowledge and belief. I hereby certify that the infor-10/18/99 Vice President (505)SIGNATURE теlерноке но. 623-9799 Richard C. Gilliland TYPE OR PRINT NAME (This space for State Use) APPROVED BY -

the national Services

10-29-2004

CONDITIONS OF AFFROVAL, IF ANY:



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