

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

311 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

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103..

Revised March 25, 1999

WELL API NO.

30-025-21478

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

J. F. Black

8. Well No.

6

9. Pool name or Wildcat

Langlie Mattix TRUS Q-Grayburg

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

PAONGHOAN Mgt. COOP.

3. Address of Operator

P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location

Unit Letter F : 2630 feet from the North line and 1340 feet from the West line

Section 21 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DR, 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 ☐ 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.

1. Move in AND rig up.
2. Clean out well to total depth.
3. Install tubing and injection equipment.
4. Return well to injection.

RECEIVED
Hobbs
OCD

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

SIGNATURE Guy A. Baber TITLE Partner

DATE 10/24/01

Type or print name Guy A. Baber

Telephone No. 505-393-8386

(This space for State use)

APPROVED BY _____ TITLE _____

DATE OCT 25 2001

Conditions of approval, if any:

9