

Submit 3 Copies

to Appropriate

District Office

DISTRICT I

PO Box 1980, Hobbs, NM 88241-1980

DISTRICT II

PO Drawer DD, Artes a, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-85

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-33507</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-2317</b>
7. Lease Name or Unit Agreement Name  <b>Hale State</b>
8. Well No. <b>6</b>
9. Pool name or Wildcat <b>Justis Blinbry</b>

**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  
**Primal Energy Corporation**

3. Address of Operator  
**222 Pennbriht, Suite 116, Houston, Texas 77090**

4. Well Location  
Unit Letter **G** **2,260** Feet From The **North** Line and **2,310** Feet From The **East** Line  
Section **2** Township **25S** Range **37E** N.M.P.M. **Lea** County  
10. Elevation (Show whether DF, RKB, RT, GP, etc.)  
**3,169'**

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 & ABANDONMENT ☐  
CASING TEST & 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.

- Drill 12 1/4" hole to 1,000'. Set 8 5/8" surface casing and cement to surface with 500 sxs. Install and test double ram BOP and test
- Drill 7 7/8" hole to 6,200'. Log, evaluate, run and cement 5 1/2" casing and complete as a single oil well.

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

SIGNATURE Kathleen Boni

TITLE Manager, Land

DATE 7/31/96

TYPE OR PRINT NAME Kathleen Boni

TELEPHONE NO. 713-875-5100

(This space for State Use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

