

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
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-31630
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-2386
7. Lease Name or Unit Agreement Name Comanche State Unit
8. Well No. 2
9. Pool name or Wildcat Wildcat
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3834 GR

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
Mitchell Energy Corporation
3. Address of Operator
P.O. Box 4000, The Woodlands, Texas 77387-4000

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 330 Feet From The West Line
Section 10 Township 21S Range 33E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Request Permit to Drill Extension</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Mitchell hereby requests a six (6) month extension to drill the subject well.

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

SIGNATURE George Mullen TITLE Regulatory Affairs Specialist DATE 4-22-93
TYPE OR PRINT NAME George Mullen TELEPHONE NO. (713) 377-5855

(This space for State Use)
Orig. Signed by Paul Kautz
Geologist
APPROVED BY _____ TITLE _____ DATE APR 23 1993
CONDITIONS OF APPROVAL, IF ANY:

Expires 10-14-93