

# NM OIL CONSERVATION

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88203  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Form C-103  
 Revised July 18, 2013

OCT 17 2016

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

2016 OCT 11 P 3:47

WELL API NO. <u>30-015-25522</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>138476</u>
7. Lease Name or Unit Agreement Name <u>Walter Solt</u>
8. Well Number <u>1</u>
9. OGRID Number <u>283037</u>
10. Pool name or 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <u>Walter Solt LLC</u>	
3. Address of Operator <u>PO Box 70 Loco Hills NM 88220</u>	
4. Well Location Unit Letter <u>L</u> : <u>2240'</u> feet from the <u>FSL</u> line and <u>400'</u> feet from the <u>FWL</u> line Section <u>05</u> Township <u>18S</u> Range <u>28E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

## 12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9-14-16 Rigged up pulling unit RAN 1.875 Blanken Plug Tested tubing  
 Tubing did not hold.  
 9-15-16 Got off packer on/off tool pulled tubing 30 bad joints  
 9-16-16 RAN new 2 7/8 tubing And Hydro tested tubing back in hole. Circulated  
 Well with 300BBL 2% KCL And packer fluid. Retrieved Blanken. Put tubing back  
 on packer on/off tool. Nipped up well.  
 9-17-16 Retrieved Blanken plug. Load casing test to 300# RAN chart unwitnessed  
 Per Richard chart held. Rigged down pulling unit And put SWD BACK online.  
 POSITION OF PACKER?

Spud Date:

Rig Release Date:

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

SIGNATURE Arion Lotz TITLE Sales Manager DATE 10-5-16  
 Type or print name Arion Lotz E-mail address: Arion@landeservices.net PHONE: 505-361-4029  
 For State Use Only

APPROVED BY: Richard Lue TITLE COMPLIANCE OFFICER DATE 10/19/16  
 Conditions of Approval (if any):

