

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. 30-015-05171
~~30-015-05171-005~~

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
8-2613

7. Lease Name or Unit Agreement Name
State "B"

8. Well No.
2

9. Pool name or Wildcat
Grayburg Jackson

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3808'

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
Trinity University and Closuit

3. Address of Operator
P.O. Box 40 Loco Hills, NM 88255

4. Well Location
Unit Letter 0: 2310 Feet From The East Line and 990 Feet From The South Line
Section 16 Township 17 S Range 31 E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3808'

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 checked="" 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: <input 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.

Well placed back on production 12/20/96.

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

SIGNATURE Sonny Hope TITLE Agent DATE 6/6/97
TYPE OR PRINT NAME Sonny Hope TELEPHONE NO. 748-2941

This space for State Use) ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

PROVED BY _____ TITLE _____ DATE JUN 6 1997

CONDITIONS OF APPROVAL, IF ANY: