

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.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

Santa Fe Railroad

8. Well No.

10

9. Pool name or Wildcat

91 Hospah So. Upper Sd.

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER

Injection Well

2. Name of Operator

American Exploration Company

3. Address of Operator

700 Louisiana, Suite 2100, Houston, Texas 77002-2791

4. Well Location

Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East Line

Section

7

Township

17N

Range

18W

NMPM

McKinley

County

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

6904 GL 6908 KB

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 ☐

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. Repair Casing Leak

1. MIRU WOR.

2. POH w/tbg. & Baker AD-1 pkr., locating leak as POH

3. GIH w/RBP, set 100' below csg. leak, dump sand on top of RBP.

4. Bullhead cmt. squeeze to repair csg. leak

5. Drill out cmt. & test leak to 1,000 psi.

RECEIVED

JUN 3 1991

OIL CON. DIV.
DIST. 3

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

SIGNATURE

Marty B. McClanahan

TITLE

Sr. Prod. Analyst

DATE 5/30/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT #3

DATE

JUN 03 1991

CONDITIONS OF APPROVAL, IF ANY: