

Submit 2 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.

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

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER

Salt Water Disposal

2. Name of Operator

COLEMAN OIL & GAS COMPANY

8. Well No.

Sunco Disposal Well #1

3. Address of Operator c/o Walsh Engr. & Prod. Corp.

204 N. Auburn Farmington, New Mexico 87401 505 327-4892

9. Pool name or Wildcat

Blanco Mesa Verde

4. Well Location

Unit Letter E : 1595 Feet From The North Line and 1005 Feet From The West Line
Section 2 Township 29N Range 12W NMPM San Juan County

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

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: See Below ☒

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.

9/25/93 Fraced well as per Sundry Notice Dated August 2, 1993

RECEIVED
OCT 01 1993
OIL CON. DIV.
DIST. 3

FOR: COLEMAN OIL & GAS COMPANY

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

SIGNATURE

Paul C. Thompson
Paul C. Thompson

TITLE

Agent

DATE

9/28/93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT #3

DATE

OCT 1 1993

CONDITIONS OF APPROVAL, IF ANY: