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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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.)OIL
WELL ☐GAS
WELL ☒

OTHER-

Name of Operator

El Paso Natural Gas Company

Address of Operator

P.O. Box 4289, Farmington, New Mexico 87499

Location of Well

UNIT LETTER L 1460' FEET FROM THE South LINE AND 990' FEET FROM
THE West LINE, SECTION 23 TOWNSHIP 30N RANGE 11W NMPM.

5a. Indicate Type of Lease

State ☐Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name

Hartman

9. Well No.

#3

10. Field and Pool, or Wildcat

Aztec PC

15. Elevation (Show whether DF, RT, GR, etc.)

5904' GL

12. County

San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐REMEDIAL WORK ☐ALTERING CASING ☐TEMPORARILY ABANDON ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☒PULL OR ALTER CASING ☐CHANGE PLANS ☐CASING TEST AND CEMENT JOB ☐OTHER ☐

7. 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.

5-8-85: MOL and Rigged up.

5-9-85: Installed BOP, pumped in well, ran 1 1/4" work string to T.D. Spotted 45 sk cement plug from TD to 900'. Pulled and layed down tubing.

5-10-85: Perforated casing at 185' with two squeeze holes. Broke circulation to surface, filled casing and annular space to surface with 50 sks of cement. Cut off BH and set dry hole marker..

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

SIGNED John J. TillerseuTITLE Production EngineerDATE May 10, 1985

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

MAR 25 1986

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: