

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.C.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

3a. Indicate Type of Lease
State ☐ Fee ☒

3. 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.

1. OIL WELL ☐ GAS WELL ☒ OTHER- Carbon Dioxide	7. Unit Agreement Name
2. Name of Operator SCHWARTZ CARBONICS	8. Firm or Lease Name Norman and Esther Libby
3. Address of Operator Box 37, Solano, New Mexico 87746	9. Well No. DeBaca 2-Y
4. Location of Well UNIT LETTER B 1047 FEET FROM THE North LINE AND 1971 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 20 N RANGE 31 E NMPM.	10. Field and Pool, or Wildcat Bueyeros
15. Elevation (Show whether DF, RT, GR, etc.) 3' above GL	12. County Harding

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER Slim hole complete ☒

17. 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.

Set plug in tubing at 1630' above Baker Model. AD packer at 1745'. Tested tubing to 750# for 15 minutes and it tested O.K. Perforated tubing from 1629' to 1621' and cemented 2 3/8" tubing inside of casing with 300 sacks of Class C. cement. Circulated 10 sacks of cement to the pit and WOC 24 hrs. Drilled out 2 3/8" tubing and the tubing plug. Placed well back in production.

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

SIGNED B. M. Kuchala TITLE Regional Production Manager DATE 11-12-84

APPROVED BY [Signature] TITLE [Signature] DATE 11-26-84

CONDITIONS OF APPROVAL, IF ANY: