

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
HOBBS OCD
OIL CONSERVATION DIVISION
1220 S. St. Francis Dr.
Santa Fe, NM 87505
RECEIVED

Form C-103
May 27, 2004

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.)		WELL API NO. 30-025-33576
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator J R Oil. Ltd. Co.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 2975, Hobbs, NM 88241		7. Lease Name or Unit Agreement Name SV 17 State Com
4. Well Location Unit Letter <u>N</u> :660 feet from the <u>South</u> line and <u>1980</u> feet from the West line Section <u>17</u> Township <u>185</u> Range <u>35E</u> NMPM County <u>LEA</u>		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3946		9. OGRID Number 256073
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Reeves, Quees, West (Gas)
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INT PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: _____	INT TO PA P&A NR <u>fm.x</u> P&A R _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: _____
---	---	---

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10-25-16 – RIH with 5 ½ CIBP and set at 4350.
10-25-16 – Spot 25 sxs cement plug on top of CIBP and disp. Tag plug at 4305.
10-26-16 – RIH with 5 ½ CIBP and set at 3355. Load hole with 9lbs of mud.
10-26-16 – Reset CIBP 3335, spot 15 sxs cement plug tag at 3335.
10-27-16 – Reset CIBP at 3325. Load hole with salt gel mud 9lbs.
10-27-16 – Spot 50 sx cement plug top of CIBP
10-27-16 – Spot 25 sxs cement plug at 1880 and disp.
10-27-16 – Spot 30 sx cement to surface from 300.
10-28-16 – Cut off well-head and installed DHM.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.

Start Date 10-24-16

Complete date 10-28-16

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Wayne Pinketa TITLE Owner DATE 11-4-16

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: Maah Pinketa TITLE P.E.S. DATE 12/21/2016

Conditions of Approval (if any):

SV 17 State #1 API 30-025-33576

UL-N, S-17 , T18S, R35E Actual PA Schematic

Complete P&A 10/28/16

