

Submit 3 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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Disposal Well

2. Name of Operator

Agua, a division of Petro-Thermo Corporation

3. Address of Operator

P.O. Box 1978, Hobbs, NM 88241

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 31 Township 17S Range 33E NMPM Lea County

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

3983' GL

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: Repair leak in casing ☒

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.

1. Pull tubing.
2. Pressure test casing with retrievable bridge plug and packer in attempt to find leak.
3. Isolate hole with B.P. and cement retainer. Squeeze 5 1/2" casing, circulate cement.
4. Drill out cement retainer and cement. Test casing and retrieve B.P.
5. Run tubing and return well to disposal.

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

SIGNATURE

TITLE Manager

DATE 10/18/91

TYPE OR PRINT NAME

James T. Abbott

TELEPHONE NO. (505) 393-6188

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1. EXAMINATION MUST BE NOTIFIED
24 HOURS PRIOR TO COMMENCEMENT.

RECEIVED

OCT 21 1991

900
HOBBS OFFICE