

**District I** – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
**District II** – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
**District III** – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
**District IV** – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-38789
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Parker Energy SWD
8. Well Number 5
9. OGRID Number 245739
10. Pool name or Wildcat 96121 / SWD: SAN ANDRES

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 SWD

2. Name of Operator  
PARKER ENERGY SUPPORT SERVICES INC

3. Address of Operator  
PO BOX 1957 EUNICE NEW MEXICO

4. Well Location  
Unit Letter A 1200 feet from the NORTH line and 990 feet from the EAST line  
Section 24 Township 21S Range 36E NMPM County LEA COUNTY, NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3528'

12. 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 ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: REPAIR COMMUNICATION BETWEEN TBG AND ANNULUS ☐

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

THIS DOCUMENT SERVES AS NOTICE TO NMOCD THAT A COMMUNICATION HAS OCCURRED BETWEEN TBG AND ANNULUS. ADMINSTRATIVE ORDER # SWD – 1500.

WITH NMOCD PERMISSION WE INTEND TO PULL WELL, DETERMINE THE FAILURE ( TBG OR PACKER) RUN REPAIRED OR NEW INJECTION STRING. CALL OCD THEN TEST (MIT) CSG WITH CHART. PUT WELL BACK ON INJECTION.

24 HR NOTICE BEFOER RUNNING POST WORKOVER TEST

Spud Date:

Rig Release Date:

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

SIGNATURE

*Fred M Ortiz*

TITLE

*Well Supv*

DATE

*12-08-2020*

Type or print name

FRED M ORTIZ

E-mail address

fredortiz409@gmail.com

PHONE: 575-390-3243

For State Use Only

APPROVED BY:

*Gary Robinson*

TITLE

Compliance Officer A

DATE

12-8-2020

Conditions of Approval (if any):