

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

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

Form C-103
Revised June 10, 2003

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- <u>02395</u>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other BRINE WELL		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator C. W. Trainer		6. State Oil & Gas Lease No. Federal Sodium Lse #M40-044355-0
3. Address of Operator c/o Oil Reports & Gas Services, Inc. 1008 W. Broadway, Hobbs, NM 88240		7. Lease Name or Unit Agreement Name Federal Marathon Road Water Station Brine Well
4. Well Location Unit Letter <u> </u> P <u> </u> : <u> </u> 660 <u> </u> feet from the <u> </u> South <u> </u> line and <u> </u> 660 <u> </u> feet from the <u> </u> East <u> </u> line Section <u> 25 </u> Township <u> 19S </u> Range <u> 34E </u> NMPM <u> Lea </u> County <u> </u>		8. Well Number <u> 1 </u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u> 3746 DF </u>		9. OGRID Number <u> 003474 </u>
		10. Pool name or Wildcat

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 COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
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.

R660 25-19-S-34E Lea Location is ok MK 11-2-17

3/11/04 SET 5 1/2" CIBP @ 1860'.

3/15/04 FILL 5 1/2" CSG W/200 SXS CMT FROM 1860' TO SURFACE.

3/15/02 CUT OFF WELLHEAD & INSTALL DRY HOLE MARKER.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.



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

SIGNATURE _____ TITLE _____ AGENT _____ DATE 3/29/04

Type or print name GAYE HEARD E-mail address: gheard@oilreportsinc.com Telephone No. 505/393-2727

(This space for State use)

APPROVED BY Gaye W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 31 2004
Conditions of approval, if any: _____