

Submit 1 Copy To Appropriate District Office
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

JAN 22 2018

RECEIVED

WELL API NO. 30-025-37909	
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 State A A/C 2	
8. Well Number. 94	
9. OGRID Number. 370767	
10. Pool name or Wildcat Jalmat, Tan-Yates 7 Rvrs (pro Gas)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3598' GL	

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

NOTICE OF INTENT

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

INT TO PA
P&A NR **FM**
P&A R

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☒
CASING/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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/21/17—MIRU, tag existing CIBP @ 3062' circ hole w/ MLF, cap BP w/ 25 sxs CTOC @ 2682'.

12/22/17—PUH to 1450' spot 60 sxs CTOC @ 555' Tag @ 480', perf @ 100' pump 25 sxs to surface verified RDMO.

Spud Date:

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.
Restoration Due By **12-21-2018**

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

SIGNATURE **Chris Romero** TITLE Agent DATE 1/08/18

Type or print name Chris Romero E-mail address: _____ PHONE: 432-563-3355

For State Use Only

APPROVED BY: **Kerry Foster** TITLE Compliance Officer DATE 1-22-18
Conditions of Approval (if any): _____