

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

NMOCD Rec'd: 10/14/2020

Form C-103
Revised July 18, 2013

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

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.
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SALT WATER DISP		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator		6. State Oil & Gas Lease No.
3. Address of Operator		7. Lease Name or Unit Agreement Name
4. Well Location Unit Letter _____: _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ County _____		8. Well Number
		9. OGRID Number
		10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT TEST <input type="checkbox"/>	

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.

Spud Date:

Rig Release Date:

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

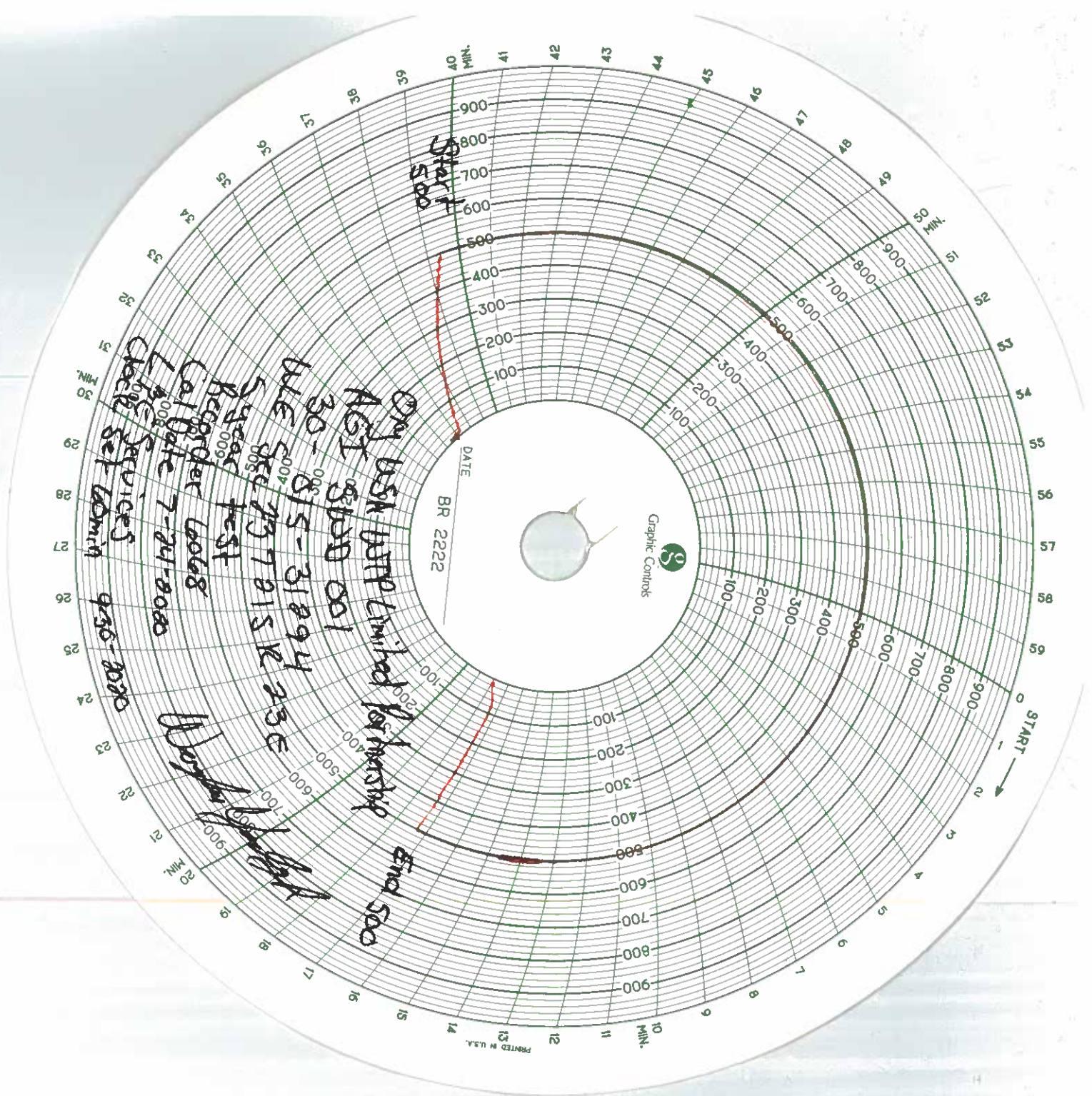
SIGNATURE _____ TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):





SPL

Pressure Recorder Calibration Certificate

Company Name: L&E Services

Certificate #: 6068_072420

Recorder Type: Barton

Serial #: 6068

Pressure Range 1: 0-1000#

Accuracy: +/- 0.2% PSIG

Pressure Range 2: NA

Accuracy: +/- 0.2% PSIG

Temperature Range: NA

Accuracy: +/- 0.1% Deg. F

Pressure Pen 1

Temperature Pen

Increasing Pressure (PSIG)

Decreasing Pressure (PSIG)

Temperature Test (F°)

Applied Pressure	Indicated Pressure	Error %
0	0	0
100	100	0
300	300	0
500	500	0
700	700	0
1000	1000	0

Applied Pressure	Indicated Pressure	Error %
800	800	0
600	600	0
400	400	0
200	200	0
50	50	0
0	0	0

Applied Temperature	Indicated Temperature	Error %
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

Pressure Pen 2

Increasing Pressure (PSIG)

Decreasing Pressure (PSIG)

Applied Pressure	Indicated Pressure	Error %
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

Applied Pressure	Indicated Pressure	Error %
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

This is to certify that this instrument has been inspected and calibrated using a certified 10,000 psi Crystal Gauge.

Calibrated By: Chris Villeneuve

Calibration

Date: 07-24-2020