

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

30-021-20061

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 Carbon Dioxide

2. Name of Operator

Ross Carbonic, Inc.

3. Address of Operator

710 East 20th Street; Farmington, NM 87401

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 12

Township 19N

Range 30E

NMPM

Harding County

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

4600 RKB

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Bradenhead Test-Annual ☒

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.

Year 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000

Tubing Pressure SI 425

Annulus Pressure 125

Blowdown Time in Minutes 12

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

SIGNATURE

F. L. Stark

TITLE Production Manager

DATE 9-28-90

TYPE OR PRINT NAME

F. L. Stark

TELEPHONE NO. (505) 326-557

(This space for State Use)

APPROVED BY

Ry Ekhun

TITLE

DISTRICT SUPERVISOR

DATE

10-9-90

CONDITIONS OF APPROVAL, IF ANY

Tubing or packer leak to be fixed within 90 days

RED