

Submit 3 Copies  
to Appropriate  
District Office

File	
BLM	
Land Office	
B of M	
Operator	

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO.

30-015-25881

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

2. Name of Operator

Ray Westall

3. Address of Operator

P.O. Box 4, Loco Hills NM 88255

4. Well Location

Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 24

Township 22 S

Range 26 E

NMPM

Eddy

County

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

3156 Gr.

7. Lease Name or Unit Agreement Name

Baseball Park

8. Well No.

5

9. Pool name or Wildcat

S. Carlsbad Delaware

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: ☐

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.

9/7/90 Set CIBP @ 2869 pumped 25 Sxs plug  
pulled tubing to 1760 pumped 25 sxs plug  
pulled tubing to 595 pumped 25 sxs plug  
Pulled tubing to 60 ' pumped hole full of cement  
cut off head and installed dry hole marker  
cleaned location of junk  
Plugging witnessed by Mike Stubblefield of the NMOCD

Post ID-2  
12-14-90  
PFA

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

SIGNATURE

TITLE Geologist

DATE 12/3/90

TYPE OR PRINT NAME

Randall L. Harris

TELEPHONE NO. 677-2370

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ALL CLEAR WORK