

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

Form C-103
May 27, 2004

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

WELL API NO. 30-031-20613
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Hospah Sand Unit
8. Well Number #92
9. OGRID Number 15346
10. Pool name or Wildcat Hospah Upper Sand

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 Injection	
2. Name of Operator Mountain States Petroleum Corporation	
3. Address of Operator 3001 Northridge Farmington, NM 87401	
4. Well Location Unit Letter <u>O</u> : <u>700</u> feet from the <u>South</u> line and <u>1850</u> feet from the <u>East</u> line Section <u>36</u> Township <u>18N</u> Range <u>9W</u> NMPM County <u>McKinley</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6957' GR	
Pit or Below-grade Tank Application ☐ or Closure ☐	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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 COMPL ☐ OTHER: ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK ☒ ALTERING CASING ☐ COMMENCE DRILLING OPNS. ☐ P AND A ☐ CASING/CEMENT JOB ☐ OTHER: ☐
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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.

Returned subject well to injection 06-26-06.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Charles Neeley TITLE Agent DATE 07-20-06

Type or print name _____ E-mail address: mspcorp@qwest.net Telephone No. 505-326-3468

For State Use Only

APPROVED BY: Edy G. Roberts TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 8 DATE JUL 26 2006
Conditions of Approval (if any):

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