

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

5. 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. OIL WELL ☐ GAS WELL ☐ OTHER- <u>WATER Injection Well</u>	7. Unit Agreement Name
2. Name of Operator <u>TESORO PETROLEUM CORPORATION</u>	8. Farm or Lease Name <u>SANTA FE RR</u>
3. Address of Operator <u>8700 TESORO DRIVE, SAN ANTONIO, TX 78286</u>	9. Well No. <u>22</u>
4. Location of Well UNIT LETTER <u>D</u> <u>1200</u> FEET FROM THE <u>NORTH</u> LINE AND <u>65</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>7</u> TOWNSHIP <u>17N</u> RANGE <u>8W</u> NMPM.	10. Field and Pool, or Wildcat <u>HOSPAN</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>6937' GR</u>	12. County <u>MC KINLEY</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

17. 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.

Well was P&A. Spotted 10 sx cement from 1421'-1521'
and 10 sx cement from 0'-100'.

Plugging was witnessed by CHARLES GHOLSON, Field Rep,
NM Oil Conservation Division.

RECEIVED

SEP 08 1987

OIL CON. DIV
DIST. 3

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

SIGNED Robert H. Dinkins

TITLE AREA PRODUCTION FOREMAN

DATE 8/26/87

APPROVED BY

Charles Gholson

DEPUTY OIL & GAS INSPECTOR, DIST. 3

DATE SEP 08 1987

CONDITIONS OF APPROVAL, IF ANY: