

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-23708

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Salt Water Disposal Government "E"

2. Name of Operator

Subsurface Water Disposal

8. Well No.

1

3. Address of Operator

P.O. Box 1002, Hobbs, NM 88241

9. Pool name or Wildcat

Lea Bone Spring

4. Well Location

Unit Letter N : 610 Feet From The South Line and 1880 Feet From The West Line

Section 25 Township 19S Range 34E NMPM Lea County

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

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: Pull & test tubing ☒

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.

Release injection packer, pull tubing to find leak. Test tubing back in hole to 5000 psi, replace bad joints, reset injection packer, load casing-tubing annulus with treated packer fluid and run MIT test on casing-tubing annulus. Test chart is attached.

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

SIGNATURE Lowell B. Deckert TITLE Vice President DATE 3-15-00

TYPE OR PRINT NAME Lowell B. Deckert TELEPHONE NO. 397-5923

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: