

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Grande Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

78-015-03702-00-00

5. Indicate Type of Lease

STATE ☐PER ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

MALAYA Unit

8. Well No.

002

9. Pool name or Wildcat

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 3 KID

2. Name of Operator

CALVIN E. TENNISON

3. Address of Operator

2401 MARTIN LN.

4. Well Location

Unit Letter _____ feet from the _____ line and _____ feet from the _____ line

Section 7Township 24SRange 29E

NMPM

County Eddy

10. Elevation (Show whether DR, KKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐REMEDIAL WORK ☒ALTERING CASING ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐COMMENCE DRILLING OPERATIONS ☐PLUG AND ABANDONMENT ☐FULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Completed - 10-31-00

Repacked Tubing, Tested, Installed new Packer -
17 Joints Tubing -- Installed new Ring Sets -
Welded hair line CRACK in SURFACE CASING -
Pressure Tested -- O.K.

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

SIGNATURE Bill RichTITLE ManagerDATE 12-14-00Type or print name Bill RichTelephone No. 587-3928

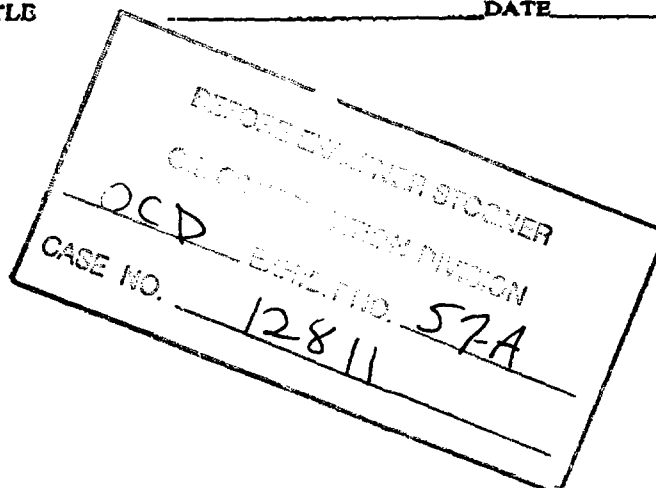
(This space for State use)

APPROVED BY _____

TITLE _____

DATE _____

Conditions of approval, if any:



(57a)