STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
OPERATOR		

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- CO2

7. Unit Agreement Name

2. Name of Operator
Schwartz Carbonic Company

8. Farm or Lease Name
Norman & Esther Libby

3. Address of Operator
P. O. Box 37 Solano, New Mexico 87746

9. Well No.
Schwartz 1-X

4. Location of Well
UNIT LETTER G . 1637 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 20N RANGE 31E NMPM.

10. Field and Pool, or Wildcat
Bueyeros

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Harding

16.

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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		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.

Clean out open hole section from 1971' to 2145' and stimulate tubbs by CO2 injection. Repair casing leaks and retube with packer and plastic lined tubing. Test well and return to production. Load the annulus with packer fluid.

** Conditions of Approval: Casing will be pressure tested to 500 psi and will be held for a period of 15 minutes. Oil Conservation Division to be notified 24 hours prior to test.

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

SIGNED R. M. Kuchelmeister TITLE Regional Production Manager DATE 8/16/84

APPROVED BY [illegible] TITLE DISTRICT SUPERVISOR DATE 8-30-84

CONDITIONS OF APPROVAL, IF ANY: