

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2082
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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- Carbon Dioxide		5a. Indicate Type of Lease State ☐ Fee ☒
2. Name of Operator SCHWARTZ CARBONICS		3. State Oil & Gas Lease No.
3. Address of Operator Box 37, Solano, New Mexico 87746		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>20 N</u> RANGE <u>31 E</u> NMPM.		8. Form or Lease Name Norman and Esther Libby
15. Elevation (Show whether DF, RT, GR, etc.) GL		9. Well No. Libby I
		10. Field and Pool, or Wildcat Bueyeros
		12. County Harding

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 OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	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.

Ran Gamma Ray Correlation Log from 2107' (TD) to 1750'. Perforated zones 1972-82', 1988-98', and 2018-28' with 4 JSPF. Ran internally coated Guiberson ER-6 packer and 2 3/8" 4.7# J-55 internally coated tubing. Packer set at 1876'. Backside was loaded with inhibited packer fluid. Tested packer, tubing, and casing to 500# for 15 minutes. tested O.K. Placed well back in production.

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

SIGNED R. M. Kuchel TITLE Regional Production Manager DATE 11-12-84
APPROVED BY _____ TITLE Supervisor DATE 11-24-84
CONDITIONS OF APPROVAL, IF ANY: